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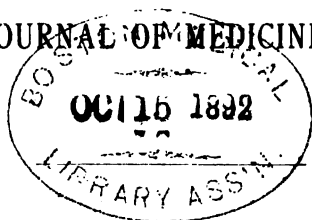
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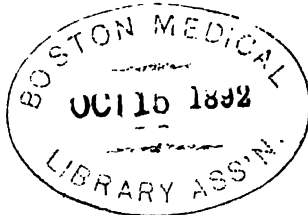
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THE

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No. 1.

Original Communications.

ON SOME EMERGENCIES DEMANDING ABDOMINAL SECTION.*

BY J. C. SEXTON, M. D., RUSHVILLE, IND.

We have all heard, and most of us are willing to subscribe to the doctrine of certain men, that there should be "fewer laparotomies by the many, and more by the few;" but this dictum should not, and *does* not, excuse us for ignorance of the subject, nor prevent our preparation for emergencies demanding prompt action. In addressing you briefly upon some of the accidents and emergencies demanding abdominal section, I shall be limited to the consideration of only a few topics, each of which has been illustrated by cases improperly treated in our own county.

Some facts in relation to intestinal surgery stand in a prominent place in this review of things that might have been otherwise. The rule of surgery has now become so free from exception that it might almost be set down as a law, that all traumatic perforations of the cavity of the peritoneum should be operated on at once. Stab and gunshot wounds have now been successfully treated by section so many times, that failure to give these cases the benefit of operation can not but be condemned. Then again all cases that admit of doubt should have the wound enlarged sufficiently to explore, when, if it is found that the cavity has been entered, the doubt as to procedure is at once removed.

Penetration of the cavity without injury of viscera is of necessity extremely rare, and recovery from wounds, especially those of the hollow viscera, is without operation all but impossible. Then the suffering of these victims is beyond description. After witnessing the torment of a patient who had shot-wound of the intestine, I am compelled to hold, as my own opinion, that for relief of pain alone the operation is justifiable. Were I myself the subject of an injury of this character, I would demand section at the hands of my friends, for the relief of pain alone, if for no other reason. This case was not operated upon, and the patient died after twenty-nine hours, of pain, of shock, of torture, that nothing then used would alleviate. One case that occurred with us during the year just passed, was given opium and allowed to die without effort to save life on the part of the gentleman in attendance; and the post-mortem of the coroner's physician showed that the patient would have had decided chances under the knife, whereas there was absolutely none without it.

We must interfere in such extremity, for nature is absolutely powerless; and no matter what the "vividus vis" of the patient, it is for nothing here. To dabble with drugs, to give opium, is the worst of bad treatment in such cases. It does no earthly good, and it does make the chances decidedly smaller if operation is undertaken afterwards.

The question when to operate admits of but one answer; and yet we have only recently witnessed one of the great surgeons of the west waiting for symptoms of penetration of the cavity, waiting for subsidence of the shock. The quickest way to overcome shock

* Read before the Indiana State Medical Society, May 14, 1890.

is to open the abdomen and fill it full of hot water. Next to administering opium, waiting for symptoms of injury of abdominal contents is the greatest error. If symptoms do come on at all, they are for the most part those which tell all too distinctly that interference is now too late. High temperature and failing pulse is the reward of conservatism here. A fatal case lately done was begun after twenty-six hours of waiting for symptoms which came in the shape of a heat of 105° and a pulse of 130.

Exploration, gentlemen, is far more sensible. Early interference to discover if there is cause there that may produce symptoms, is beyond question the teaching of the best surgeons of the world to day. We must, indeed, be behind times when laymen will meet us on the street, and inquire why was not an operation performed in such a case. The time is past when any one can excuse himself. Action, not idle, laggard conservatism, is now demanded at our hands.

Operation will relieve pain, as I have seen now in two instances. The full flushing of the abdomen with hot water rapidly overcomes the shock, as I have witnessed several times, and as I have taken occasion to say elsewhere (*Medical News*, Dec. 15, 1888); the pulse becomes firmer, fuller and stronger, the respiration improves, and warmth of the skin takes the place of clammy surface. I have had a patient shocked to unconsciousness—pulse imperceptible, scarcely bleeding from a lacerated omentum which protruded from the abdomen—to respond so rapidly to atropia and filling the abdomen with hot water, that in ten minutes he was given an anesthetic and operation begun. Those of you who have failed to interfere in such cases, because the patient was too profoundly shocked, should listen to Demiss, of New York (*Medical News*, March 6, 1886), who says the "operation of laparotomy should be done irrespective of shock, which is of peculiar nature, is deceptive as to its severity, and offers no tangible excuse for a surgeon to decline the operation." Flushing the abdomen with hot water to overcome profound shock has been found by abdominal surgeons to be so prompt and effective that Dr. Joseph Price has even advised its use in cases of shock due to severe injuries in other portions of the body. To the objection that the patient is too badly shocked, can not stand the operation, and to wait for subsidence of shock, is bad treatment.

The best teaching of science to-day speaks for operation in penetrating wounds of the abdomen. He who neglects it fails in his duty to his patients, to his profession, and to himself.

We have had examples of inflammatory affections that suggest review. Just here I beg to refer briefly to the first case, that was ever operated on in the world, of suppurative peritonitis from perforating ulcer of the caput coli. McMurtry's famous case is well known to us all. He operated in the presence of advancing peritonitis, found two perforations, cut away the ulcerated margins, closed the wounds with Lembert sutures, flushed and drained the cavity, and restored his patient to life and health. Thus he saved a valuable life, thus he honored his calling, and thus he added another gem to Kentucky's already bright crown of surgical glories.

Rush county surgeons might have won this honor; for there was a case with us of perforation, peritonitis and death, that was not diagnosed, that was treated for dropsy, and the post-mortem showed one small ulcer, easy of access, that could have been operated on with reasonable expectation of success. This honor, I say, might have been ours; or at least we had the opportunity cast at our feet.

Within the year I have had experience of four cases of appendicitis—one of my own, one as consulting surgeon, and two in the hands of friends, who gave me faithful reports of their cases. This disease is far from uncommon; recurrence is frequent and dangerous. Many cases die that might have been saved by timely operation. This subject has been so fully brought forward in recent medical literature, that there is no longer excuse for failure to recognize or delay in treating it. See the men who have spoken from the authority of experience upon this topic. There are many that I do not care to cite here, but in the *Journal of the American Medical Association* alone can be found the opinions of Senn, Morton, Smith, Ransohoff, Hoffmann, Bryant, Gaston, Fitz, Homans, Weir, and even others. These men speak, I say, from the authority of laborious investigation and experience, and are in unison as to the treatment of the disease. Cases of pericæcal abscess have recovered without operation, to be sure—one such I will cite later—but who will hold himself excused from blame, if he does not give his patient the benefit of the best teaching of

the day? Especially is operation to be urged in these cases, for it is the most simple of all abdominal surgery. Perforation and peritonitis is the danger to which these patients are subjected, yet we treat them with opium, blister and waiting, while often only the thinned and ulcerated membrane stands between life and death. Now, because such cases recover by resolution in many instances, does that excuse the delay and danger? Laparotomy should be done as soon as the diagnosis is made. It is folly to delay for general peritonitis. We should interfere early. Let us not forget Lusk's axiom—"The resources of surgery are seldom successful when practiced on the dying."

In my own case operation was refused by the family, and for sixteen days I saw the temperature rise and fall. The tumor formed rapidly—hard, tense, dull on percussion, painful, tender, anxious countenance, thigh on the abdomen, and severe scrotal pains. In another such I shall operate or resign. Now this boy recovered after an illness of twenty-five days, and this was his third attack.

A patient the subject of one attack is very liable to another, and this recurrence is looked upon as so certain and so dangerous that Senn operated in the interval after the fifth attack; his case recovered, and the disease never returned. Treves contends that the best time for operation is in the interval. In his opinion no case should go without operation, and he holds the procedure to be safe beyond every other form of abdominal surgery.

Now, in my case resolution will not always result; witness the experience of a friend who relied upon opium and blister through two attacks, and let his patient die of peritonitis at the third. Take the case I saw in consultation; here was a recovery after a fearful ordeal. This patient took every risk, and faced danger tenfold more hazardous than operation would have thrust upon him. The advice to operate was not given him; we waited for signs of pus or peritonitis. This delay I now know to have been wrong, and that we were responsible for the risk, and the patient almost sacrificed to our timorousness and ignorance.

Another case in the hands of a friend, where the diagnosis was not clear, was near nine weeks in the danger. Finally, he had purulent, sanious and feculent discharges, that were emptied through two or three openings in the abdominal wall. Will any one

contend that a two inch incision in the abdomen at an early date before exhaustion, would have been as hazardous, as dangerous as this delay? For fecal abscess to form, dissect its way to the surface, and perforate the wall of the abdomen in a man nearly eighty years of age, and that man to recover, is little short of the miraculous.

Gentlemen, we are wrong here. I have dwelt upon this topic because of its importance, and have given an outline of four cases that have come within my knowledge in one year; and as far as authority for the treatment is concerned—i. e., the routine treatment by opium and blister—I say to you, it can not be found in any text-book or journal published in the last five years.

One other topic upon the subject of intestinal surgery is worthy of our closest study: the subject of obstruction in the more acute forms. Two cases have come within my knowledge, and both fatal. To witness the sudden and violent death of such a patient is fearful, yet how much more harassing to all concerned if nothing is done for relief. Some may be cases such as Dr. Senn has said could be cured with one stroke of the scissors. As long as we talk of atony and paralysis, in cases clearly of strangulated hernia or volvulus, our patients will die; and only very recently Dr. Senn on this very topic wrote—"The time will come, and is not far distant, when as much blame will be attached to a surgeon, who will look on as an idle spectator at the bedside of a patient whose life is in danger from intestinal obstruction, as now falls upon the obstetrician who permits a parturient woman to die undelivered."

The transit of thought brings us very naturally to the consideration of another case that occurred with us, wherein the uterus at full term was found to be utterly sealed up by a cicatrix from an amputated cervix. This case, in the hands of men of too great conservatism, who pursued a Fabian policy of action, resulted in the death of both mother and child. A Porro operation could have been executed here, and could not possibly have resulted more disastrously. Those of us who have read the article of Lawson Tait, in a recent number of the *British Medical Journal* or in the *Archives of Gynecology*, would not have hesitated one moment to have an effort to save life in this emergency. The child was delivered dead by forceps through the cut cicatrix. A high forceps delivery after cutting through the cicatrix,

which procedure you will recognize at once to be altogether more difficult, very much more tedious, and more certainly fatal than abdominal amputation. Septic chill, high fever and collapse had all begun before delivery in this case, notwithstanding the woman began her labor in good condition, with the fetal head strong and distinct. What explanation is sufficient to excuse a physician from the accusation of lack of duty in such emergency? Was there not two lives sacrificed here to delay and lack of knowledge?

Goodell's case was not exactly similar, but mark the difference in the treatment. He made abdominal section. The woman so far recovered as to get up, but died later of the cancer. The child lived several months, and unfortunately died of some infantile sickness.

One word on the subject of extra-uterine pregnancy. A practitioner of our county had a case of a woman sixteen weeks pregnant, who was taken with sudden and violent pain, having the location and character of labor. There was no dilatation, very little enlargement, and no sign of expulsion of any uterine contents. Under opium the pains subsided. In a few days they returned, accompanied by marked shock and failure of pulse. The pain abated after a few hours, but the pulse kept gradually growing weaker. A few hours more came the pain again, and before the doctor could reach her she was dead—utterly blanched, and not the slightest discharge from the uterus. Diagnosis here is possible tubal pregnancy; at any rate, the symptoms clearly indicated that the patient bled to death internally. What condition will satisfy the train of symptoms so classically shown here as well as rupture of an ectopic gestation sack and tube. Those of us who have read Strahan's essay are at once struck with the similarity of histories.

The writer does not feel called upon to present further comment concerning these cases, or the topics they illustrate. The conclusions here presented are by no means my own, but on the contrary the weight of opinion of all authority at my command.

If further apology is needed for presenting what might be called a criticism, I would ask by what right do we pass without notice the startling fact that in one year there has occurred, within what might be called the Rushville consulting district, three or four deaths that might have been saved by timely operation.

ACUTE PUERPERAL INVERSION OF THE UTERUS.*

BY GEO. T. MCGOY, COLUMBUS, IND.

In presenting a paper to you upon the subject of inversion of the uterus, I shall possibly offer nothing that is new, but the rarity of such accidents shall be my apology. I am aware that single cases have not much value, but every case of this grave complication should be reported. It will not fall to the lot of many to see a very great number of such cases. Inversion of the uterus has been recognized from the days of Hippocrates, yet the literature upon the subject is not very voluminous. I have had access to a very small portion of it.

The accident probably occurs more frequently than is indicated by the statistics. Many cases are unreported, and the accident may occur without the attendant being aware of it. Its frequency is variously estimated† from one case in 190,000 deliveries to one in 50,000; Reeve estimates it at one in 140,000 deliveries. In this paper only acute inversion will be considered. In 400 cases of inversion of the uterus collected by Crosse, 350 were connected with gestation and occurred at its conclusion. It is not only the gravest of uterine displacements, but it is one of the most formidable accidents connected with parturition.

Three degrees of inversion are described. In the first the fundus is depressed and a cup-like cavity is formed, which may be felt through the abdominal walls; in the second, the fundus has descended to the internal os uteri; in the third degree, the fundus and the body have passed out of the os, and may even pass out of the vulva and be external; the vagina undergoing partial inversion.

We will notice some of the causes said to contribute to this accident. In Lusk's Midwifery we find the following:

"The production of inversion is favored by a large relaxed uterus, the result of overdistension, of rapid delivery, or of hemorrhage. The immediate cause may be either pressure exerted from above or traction from below. The first may proceed from straining efforts, especially in a sitting or kneeling position, or from attempts at placental expul-

* Read before the Indiana State Medical Society, May 14, 1890.

† Prof. Matthews Duncan meets with one case of inversion of the uterus yearly. (Amer. Jour. Obst., Vol. XXII, No. 2.)

sion before uterine contractions have been secured. The second may proceed from a short or coiled cord during expulsion; from tractions upon the cord after the child is born, or simply from the weight of the placenta." And he quotes Hennig's conclusions that the attachment of the placenta to the fundus, instead of a more lateral implantation, is an active cause of the accident.

Prof. Parvin, in *American System of Obstetrics*, says that "two conditions of the uterus are necessary in order that it can become inverted—increase of the cavity and relaxation, either general or limited, of the walls. These conditions are presented by the uterus in pregnancy and in labor, but they may also occur if the uterus be distended from other cause than an ovum; as for example, by a polypus." He also mentions intra-uterine traction and extra-uterine pressure:—1. Pulling upon the cord for the delivery of the placenta as probably the most frequent cause; shortness of the cord, delivery with forceps in this condition of the cord; a standing position of the woman during the expulsion of the child, has led to this accident. 2. Inversion caused by extra-uterine pressure. This pressure may be manual or abdominal. The former may be made in improper efforts exercised to effect the delivery of the placenta by the so-called Crede's method. But abdominal pressure alone, there being no manual interference whatever, may cause the accident.

In this connection, the following quotation taken from Galen is not inappropriate:

"That in some women, when the expulsive power is exerted immoderately, the violent pains may drive out the uterus itself. . . . Thus the uterus, when it violently expels the fetus, may itself be at the same time precipitated without, especially if the ligaments which fasten it in the basin are previously relaxed."

Bedford* mentions, as causes of inversion, rapid expulsion of the fetus, forcible traction of the cord, delivery in the standing position, increased capacity of the pelvis, violent coughing, and shortness of the cord. That in the great majority of instances this form of uterine displacement is due manifestly either to carelessness or gross ignorance on the part of the accoucheur.

Dr. Henry E. Crampton,† in his article on "Inversion of the Uterus," uses the following

language:—"It seems so contrary to nature that many, who have studied carefully its phenomena, deny its possibility except from gross mismanagement on the part of the attendant; for example, undue traction upon the cord, or extreme abdominal pressure." In the same article he refers to Tyler Smith, Matthews Duncan and I. E. Taylor, as denying the importance of traction upon the cord in producing this accident. Crampton makes traction upon the cord accessory only, and says that "nothing can be more difficult than to apportion the blame in a given case." In his table, traction upon the cord is inferred in 39 of 120 acute cases, and in 29 of 104 cases of chronic inversion of the womb.

In *American Journal of Obstetrics*, January, 1890, Dr. Clement Cleveland reports a case of inversion, in which he admits that traction upon the cord was the cause of the accident, "yet the traction was not greater than was justifiable, and no more than should usually be made." (See also case reports by Hollister, same journal, Vol. XXII, No. 11.)

The possibility of the accident happening, in the absence of any interference, is admitted by all that have recently written anything upon the subject.

Dr. J. C. Reeve,* in a paper read before the American Gynecological Society, says:

"There is now no respectable authority which does not teach that it may occur independent of anything done or omitted to be done by the accoucheur, although it is to be feared that this truth is not generally recognized by the profession."

Traction upon the cord either by the usual means for delivery of the placenta, or produced by shortness of the cord, or faulty position of a normal cord (as coiling around some part of the child), is mentioned more frequently than any other cause in producing inversion.

Dr. Emmet, whose opinions are entitled to great respect, does not consider traction upon the cord responsible for this accident in the majority of cases; basing his opinion upon the ground that such accidents ought to be more frequent than they are, as traction is employed universally by ignorant midwives. (If we could obtain proper records, I think that we should find that the majority of physicians in general practice also use traction. In questioning my patients in regard to this one point, I find that in previous labors the placenta has been removed by traction in a

*Principles and Practice of Obstetrics.

†American Journal of Obstetrics, Vol. XVIII.

*American Journal of Obstetrics, Vol. XVII.

large majority of cases, and the greater proportion have been delivered by physicians. But while expression is the fashionable mode, traction will be stoutly denied.)

Writers are pretty generally agreed that it is impossible to invert a uterus in normal contractions by any force that can be applied by traction upon the cord. It is certainly a fact that rupture of the cord, produced by traction, is of much more frequent occurrence than inversion of the womb.

Crampton says that "traction alone may induce prolapsus; if severe, procidentia. It will never alone produce inversion."

Certain conditions of the uterus are necessary in order that inversion may occur, whether produced by force or not.

Relaxation, as given by Parvin,* with paralysis of the placental site, favors inversion by abdominal pressure.

Paralysis of the placental site is mentioned by a number of writers, and that inversion most often begins at the placental site.

Rokitansky says:—"It is paralysis of the placental portion of the uterus, occurring at the same time that the surrounding parts go through the ordinary process of reduction.

. . . The part which gave attachment to the placenta is forced into the cavity of the uterus by the contraction of the surrounding tissue, so as to project in the shape of a conical tumor. The placental portion becoming a uterine content and is seized by the adjacent normal structures, just as any tumor is in cases of inversion connected therein."

Duncan† mentions paralysis of the fundus or a portion of it, probably of the placental site, as favoring the occurrence, and that the tumor formed by the portion projecting into the uterus is seized by the adjacent contracting segment of the uterus, and is pushed down and expelled through the os uteri. "Some part of the uterus must be in a position to be seized by the remainder."

Crampton says—"However it may occur, the fact remains that uterine inertia of the fundus, or of some adjacent portion of the body, is the prime factor in the inception of all forms of uterine inversion; that it is probable that the placenta is not implanted, in even a majority of instances, at the fundus; that inversion, as a rule, commences above."

As long as traction upon the cord is credited with producing the majority of inver-

sions, it will be necessary to accept the theory of "paralysis of the placental site."

According to Dr. Bussey,* fundal and lateral inversion take place by the process of invagination; the cervical, by the process of eversion, beginning at the os externum.

Reeve† describes describes the latter process as beginning with pouting of the cervix, then its eversion with rolling out of the body, and afterwards of the fundus.

To the late Dr. I. E. Taylor we are indebted for the description and mechanism of this form of uterine inversion. Inversion beginning at the cervix is probably rare. Dr. Duncan says—"The uterine cervix has no important part to play in the production of inversion, complete uterine inversion being a condition of the body of the uterus."

Inversion most likely begins at the end of the second stage of labor, in the majority of instances; the powerful expulsive efforts favoring it. It is generally completed immediately after the completion of the third stage, occasionally before the placenta is detached. In some cases inversion is not discovered until some days have elapsed; yet an unnoticed depression existed either in the fundus or some part of the uterine walls. Crosse says "the depression of one day may amount to introversion on the next day, and to complete inversion on the third."

In the study of the following case we may possibly learn something of the cause and mechanism of this grave accident: Mrs. S., aged twenty three, blonde, healthy, of good physique, married, one child four years old; had no miscarriages; first labor normal, very small child, amniotic fluid abundant, made a good recovery. Nothing abnormal with second pregnancy, except that she "carried her child very low." Had false pains four weeks before labor set in, lasting a part of one night; was taken in labor March 27, 1890. Pains not severe and rather irregular; uterus anteverted, nearly impossible to reach the os externum; anterior wall slightly sacculated. Position and presentation of child normal. Engagement of the head at the superior strait was delayed, owing to the position of the uterus. Labor lasted thirty-six hours, but not severe. During first stage patient was sometimes on her feet, sometimes kneeling on a rug before the fire with a chair in front, but generally in bed. The second stage last-

*American System of Obstetrics.

†Edinburgh Medical Journal, May, 1867.

*American System of Gynecology.

†Gynec. Trans., Vol. IX.

ed about two hours, during which time she remained in bed. Expulsive pains were not severe, and the perineum escaped unhurt. Child born asphyxiated, and I spent five or ten minutes in establishing respiration, and again returned to the mother. (However I did not leave the mother until I had noticed the "following down" of the uterus after expulsion of the child.)

On returning to the mother she said her pains were coming again, and that she felt bearing down. I encouraged her to "bear down;" that she was expelling the after-birth without my assistance. I placed my hand over the abdomen, felt the contractions of the uterus, but made no compression whatever. I did not touch the cord. With no unusual effort she expelled the placenta, and without moving my left hand from the abdomen I placed the placenta in a vessel held by the husband. A moment or two passed, and she again complained of slight pain and an inclination to bear down. Thinking that there was a clot left behind, I encouraged her to make an effort to expel it also. During this effort I distinctly felt the uterus leaving my hand and descending toward the pubes. I commanded her to cease straining immediately, but she could not do so. As the uterus descended it did not lose its globular shape. There was no cupping. The abdominal walls were so much relaxed that I would have detected a very small dimple in the fundus. It simply receded from my grasp without changing its shape, and the descent was not interrupted until it passed below the pubic arch, and could no longer be felt above. I realized what was taking place, and when the uterus had descended below the arch I made an effort to introduce the right hand into the vagina and met the descending uterus just at the vulvar outlet; it gave to the fingers an impression resembling that made by the descent of a fetal head at about the seventh month. Hemorrhage was not excessive. I succeeded in restoring the organ without changing my position. I first formed my fingers into a cone, but was unable to indent the fundus, but by separating the fingers and forming a cup-like circle of about one and a half inches in diameter, I succeeded by steady upward pressure, and at the same time making compression of the fundus, in forcing the uterus upward. The fundus passed through the external os uteri without changing its shape, maintaining its globular character until reposition was nearly com-

pleted. The cupping of the ascending uterus could be distinctly felt by the left hand over the abdomen. In pushing up the fundus my fingers came in contact with a constriction which I at first mistook for a contracted cervix, but after a careful examination I found to be a complete intussusception of the uterine walls; the invaginated portion comprising the entire circumference of the uterus. The location of this intussusception was, as nearly as I could determine, at the junction of the middle and lower third of the uterus, and was symmetrical. After the fundus had passed this constriction, there was no trouble in dimpling the fundus and carrying it up to position.

After restoring the fundus and trying to grasp it with my left hand, I waited until I felt contractions, and then partially withdrawing my right hand from the uterus, I discovered that the invaginated portion had not been released, that the uterus was following my hand down, and that if I removed it reinversion would occur. I made several attempts to retain the fundus in position, and finally succeeded in making pressure upon the fundus with the tips of my fingers, while the thumb pushed up the invaginated portion. Twice I am sure that I distinctly recognized a sliding down or extension of the invagination; the fundus following without depression being detected externally. The patient could not control the effort to bear down until complete reposition had taken place. I think chloroform would have assisted me greatly, but with one nurse and an asphyxiated baby I did not have much assistance, and after partially restoring the organ I was afraid to desist until restoration was complete. The patient made a good recovery, and was up on the eleventh day.

Thinning of the lower uterine segment takes place in all normal labors. Rupture of the uterus occurs as a result of excessive thinning of this portion. Partial rupture or laceration of muscular fiber may take place without giving rise to symptoms that can be readily appreciated; a flabby condition of the uterine walls being the only indication that the muscular tonus has been impaired. An injury similar to that produced by the operation of divulsion of the sphincter ani.

Dr. Scott, San Francisco, mentions a case of reduction of an inverted uterus of eight months' standing, in which he distinctly felt the tearing of muscular fiber, and when the organ was replaced it remained open, admit-

ting four fingers up to the fundus, and that this condition remained until surgical means were resorted to close the womb; the flabby condition of the organ being the only symptom of a rupture that he recognized at the time that it was taking place.

The sacculated condition of the anterior wall mentioned in my case was favorable to rupture, and partial rupture possibly occurred; yet I have no evidence of that fact.

But that excessive thinning of the lower uterine segment is a cause of inversion of the uterus, I think fully as reasonable as that it should lead to uterine rupture.

Paralysis of the lower uterine segment, with normal contractions of the fundus and body, could readily produce an invagination which expulsive effort would convert into complete inversion of the organ. This paralysis may not affect the lower segment in its entirety, but may be confined to any portion of it. In my case I think that only the upper portion of the segment, corresponding to the contraction ring of Schroeder, was implicated; no eversion of the external os could be detected. The attachment of the placenta was fundal and nearly central, as nearly as I could determine by the condition of the internal walls. There was no paralysis of the placental site in this case. There was a paresis of the entire circumference of the uterus below the placental attachment, and in my opinion was due to the excessive thinning of the lower uterine segment, and at this point the inversion began by the process of invagination.

The diagnosis of inversion is not difficult, and the physician that leaves his patient without being assured that inversion, either partial or complete, has not occurred, has grossly neglected his duty. Newnham says: "If the practice were invariably adopted of examining carefully every recently delivered woman, both through the abdominal parietes and *per vaginam*, in time chronic inversion of the uterus would be known only by description."

Can inversion of the uterus be prevented? Complete inversion may be prevented if partial inversion is recognized. Had I made the least traction upon the cord, I would have added another to the list of inversions occurring as a result of undue traction. Had I followed Crede, I would have been accused of immoderate compression of the fundus or of immoderate pressure over the abdominal walls, or probably sheer awkwardness. Had

I followed the expectant method and that had delayed the expulsion of the placenta, I would have been blamed for doing nothing. I am satisfied that inversion of the womb is not caused by either traction upon the cord or by expression in half the cases they are made responsible for the accident; fourteen per cent. of the cases reported have followed spontaneous expulsion of the placenta, and if the expectant method had been followed the per cent. would have been much greater.

Traction upon the cord will not produce inversion; it will simply complete the process when it has already begun, or it will hurry it in cases that would eventually invert. Expression is more likely to produce dimpling of the fundus after the detachment of the placenta has taken place, than traction upon the cord. Crede condemns his own method.

The prompt recognition of the trouble has much to do with the prognosis. The longer the inversion has existed the harder will it be to overcome. The physician that successfully manages one case is apt to take unto himself undue credit for his method of treatment. What the attendant most needs in this emergency is common sense. In seven hundred and eighty-seven deliveries occurring in private practice, I have met one case of inversion of the uterus. My experience, therefore, is not of much value. In a similar case similar methods would probably succeed. If the mechanism of the displacement could always be known, its replacement would be easier. The opportunity to study its mechanism is not often afforded as in the case reported. I offer for your criticism the following conclusions:

1. Traction upon the cord does not produce inversion of the uterus; it facilitates it in cases where inversion is inevitable.
2. Inversion of the uterus is preceded by paresis of some portion of the uterine wall.
3. That paresis most frequently results from excessive stretching or laceration of muscular fiber, and is not governed by the location of placental attachment.
4. Excessive thinning of the lower uterine segment favors inversion of the uterus by temporarily impairing or destroying the power of muscular tissue.
5. When paralysis of the lower uterine segment exists, either spontaneous expulsion or expression of the placenta will be more apt to produce inversion than traction upon the cord.

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THE SUMMER DIARRHEA OF INFANTS.

Commenting on this subject the *New York Medical Journal* says that the "brunt of the battle against it still falls on the family physician, and it behooves him to consider with what greater advantages he can undertake the task now than in previous years. On reviewing the resources at his command, he will be obliged to recognize that only a very few of those that are really effective are strictly medicinal. Some new drugs, it is true, are proving valuable agents, but correct feeding must be our main reliance. The problem of supplying an infant deprived of breast-milk with food sufficient for its nutrition, and at the same time free from the elements that are prone to give rise to gastrointestinal disturbances, is not solved by any grand move; it is to be met only by unremitting attention to a multitud of details, varying somewhat according to the circumstances of the individual case. Undoubtedly a most effective weapon of defense has been placed in our hands by those who have contributed to simplify and popularize methods of steril-

izing milk, for milk must be given to infants day after day, allowance being made for its temporary withdrawal from the diet under special circumstances. Not less important is absolute cleanliness of every article with which the infant's food comes in contact—cups, spoons, nursing-bottles, and the like. It is by the supervision of such matters, far more than by the ingenious use of drugs, that the physician will be able to carry his infant patients through the perils specially incident to the hot season."

It is seldom that we find more practical truths condensed in so small a space as in the above quotation from our contemporary. They are the law and the gospel of the treatment of the summer diarrhea of infants, without which all drug medication is not only useless but positively injurious. In this connection we wish to call attention to one thing which we believe to be a fruitful source of the inception and perpetuation of diarrhea in suckling infants. We allude to the pernicious and filthy habit of many women in failing to cleanse their breasts after nursing their babes. So soon as the child is through nursing, the nipple and that portion of the breast immediately surrounding, covered with milk and the secretions of the child's mouth, is stowed away without cleansing. In a short time the nipple is covered with thousands of germs, that have here found a suitable soil in which to multiply. Thus the child is being poisoned almost every hour in the day by swallowing these germs, which cause fermentation, indigestion and diarrhea. The breasts of the mother should always be thoroughly cleansed immediately after and before nursing, with some mild antiseptic solution, such as boracic acid.

Another prolific source of diarrhea in infants, unless kept scrupulously clean, are the abominable rubber rings and other equally pernicious contrivances, given to the child under the impression that by chewing upon them they will retard the eruption of the teeth. Like the mother's breast they become filthy with the germs of putrefaction, and

are likely at any time to give rise to troublesome gastro-intestinal disturbance. But the sources of summer diarrhea in infants are legion, and he who best succeeds in impressing upon the mother's or nurse's mind the absolute necessity of cleanliness in everything that comes in contact with both the interior and exterior of the child, will be the most successful in the prevention of these disturbances, and in curing them when they arise.

Smart Aleck Druggists.

It seems that the druggists of Ohio are conspiring together to take away the right of the physicians to administer medicines to their patients. At least a bill, says the *New England Medical Monthly*, has been introduced into the legislature forbidding a physician from giving any medicine whatever to his patients except in cases of emergency. If the legislatures of all the States would pass a bill forbidding, under severe penalty, druggists from prescribing or refilling prescriptions, unless by written order of the physician, or from selling any patent medicine whatever, one of the grandest steps, in modern times, would be taken for the prevention of sickness and premature death. What, in their own estimation, some of the smart Aleck druggists don't know, is not worth knowing at all, and they prescribe for anything from a boil to Asiatic cholera. Recently we heard a druggist, who was asked by a fool woman for something good for a headache, descant over his counter upon the wonderful properties of antipyrine as a "headache medicine." It ended by selling her a dozen ten-grain capsules of the dangerous drug, with instructions to take one every two hours till the headache was relieved. It is a common practice in Indianapolis, and we presume in all other large cities, for the druggist to prescribe morphine, opium, chloral, arsenic, strychnine, etc., with all the assurance of knowledge that can only arise from dense ignorance, combined with cupidity and an utter disregard of the serious results

to the minds and bodies of the fools who trust them. It is this that is driving the physicians in almost all the larger cities to dispense their own drugs, and unless the druggists reform their methods, the time is coming when the revenue which they now derive from prescriptions will be taken away from them entirely.

A ludicrous instance of the immense medical knowledge possessed by a certain class of druggists, is found in an editorial in the June number of the *Indiana Pharmacist*. In this brilliant effort we are told that it is a very simple thing to cure the morphine habit. "The way to stop is to stop," says the editor. The suffering endured is intense for three or four days, usually culminating about the third day, when the patient is in an almost insensible state, and desires only that death may end his suffering. From this condition, however, he rallies, under the influence of strong coffee and nourishing food, and in a week or ten days is sound and well, with no desire for morphine or opium, etc.

Of course it would be useless to enter into an argument with any hope of convincing the *Pharmacist*, that it is utterly wrong and most woefully ignorant of the subject upon which it speaks with so much certainty of knowledge.

Literary Blunders of Medical Writers.

The April number of the *Medical World* has a sensible editorial regarding the inexcusable violations of syntax, orthography and chirography by many physicians who write articles for publication. It calls attention to the pernicious habit of writing on both sides of the paper, which it seems some physicians never will learn is extremely annoying to the editor and printer alike.

Another unpardonable offense is a system of word and sentence abbreviation, which very often leaves the text so obscure that no one can tell just what the writer means.

"Of course," says the *World*, "we know you hav'n't time to write them out in full, but on that account the editor must write

them out for you if room is left between the lines, or copy the entire article if it is not. You see the editor does not set the type, and you can not find a type-setter with an accomplished medical education, and if you could you couldn't get him for twelve dollars a week. He would rather practice medicine. The printer's rule is to follow copy strictly. If the author writes 'mat. med.,' the compositor prints it that way, not knowing, or even caring, whether it means 'materia medica' or not. He assumes that the abbreviations were intended, or at least knows that he is not allowed to correct them."

Other abbreviations, such as omitting the pronoun 'I,' is characterized as "affectation;" and the interpolation of Latin, it says, is usually followed by men of shallow accomplishments. The foregoing lessons taught by our contemporary should be well studied by all who attempt to write articles for publication.

Commencement of the Ninth Volume of the Journal.

The ninth volume of the JOURNAL begins with this number. Our readers are aware that we are not given to boasting, but nevertheless we can not help feeling a little pride in the continued success of our paper. It enters upon its ninth year with a larger list of subscribers and advertisers, a better financial condition, and greater esteem of the profession than ever before. Grateful for the continued patronage and good will of the physicians of Indiana, we have given the JOURNAL a new dress and printed it on much better paper than heretofore, thus adding considerably to the cost of its publication. Hereafter we shall discontinue sending specimen copies, except once each year. Experience has taught us that a medical journal distributed each month gratuitously, is a bad thing for both the publisher and readers. It costs the publisher a great deal more money than he receives in new subscriptions, and it encourages physicians to depend upon specimen copies for their medical literature.

Every physician should subscribe and pay for at least four or five medical journals. But the system which many medical journals have adopted of distributing hundreds, and sometimes thousands of copies each month gratuitously, induces many physicians to refuse to subscribe for any. As they have frequently said to us, "I get more specimen copies of medical journals now than I can read." Other journals can do as they choose, but so far the INDIANA MEDICAL JOURNAL is concerned it has inaugurated a reform in this matter, and proposes to stick to it. With this issue we send out four or five hundred specimen copies to Indiana physicians who are not yet subscribers, and this will end the specimen copy business until the commencement of the tenth volume. For terms of subscription, with premiums, etc., see page 24. Now is the time to subscribe.

A local court has decided (*New York Medical Journal*), that a debtor who is a physician can not be compelled to deliver up his books of account to his receiver, who has been appointed in proceedings supplemental to execution. By the order appointing the receiver, the latter acquired title to the accounts, but not to the books as well.

In the complicated affairs and relations of life the counsel and assistance of clergymen, physicians and lawyers often become necessary, and to obtain them men and women are frequently forced to make disclosures which their welfare, and sometimes their lives, make it necessary to be kept secret. Hence, for the benefit and protection of the confessor, patient or client, the law places the seal of secrecy upon all communications made to those holding confidential relations, and the courts are prohibited from compelling a disclosure of such secrets. The safety of society demands the enforcement of this rule. It is, therefore, held that physicians' account books, containing information which would be privileged as concerns his patients, are not subject to inspection in an action between the physician and a third person.

That Wonderful Gun.

BY S. A. BUTTERFIELD, M. D.

The Gun that was loaded to the muzzle.

There's come to our town from the Orient land,
To play us a game that we don't understand,
A smiling Celestial, so bland and so mild—
An innocent chick, and as meek as a child.

He shows us his picture, the true China brand,
With his legs straddled out and his fan in his hand,
Behind which to blush, like a sweet, mincing miss,
Whenever her lover shall give her a kiss.

There smiling demurely to help him to gain,
"By ways that are dark and by tricks that are vain,"
The shekels he came for his pockets to fill,
By dealing out nostrums to cure—not to kill (?)

The myst'ry surrounding this fountain of healing,
To credulous people is ever appealing,
And we see them by scores as they go on the run,
To get a "sure shot" from that wonderful gun.

A Difficult Collection.

Our readers will appreciate the following letter, recently received by a physician of Indianapolis from his collector, who had been trying to collect one of his hard bills on a red-headed woman:

My Dear Doctor:

I feel just now like "Pip," in Dickens's *Great Expectations*, when he asked, "Am I am I, or am I not am I, and if I am not am I who the devil am I?" I never felt as old as I do at this moment. I haven't as much hair on the top of my head as I had this morning, when awakened from my innocent, child-like slumber by the soft mellow light of this rare day in June. I am so tired. My arm isn't exactly off, but it is loose at the shoulder. Did you ever experience a cyclone? Did you ever go through a threshing machine? Did you ever hear Col. John W. Ray make a temperance speech, or hear two or three Gatling guns fired off at the same time? Did you ever hear a diarrhea of words, with a constipation of ideas? Well, just add to the diarrhea, cholera infantum, cholera morbus, chronic diarrhea, flux, hemorrhage, Asiatic cholera, with chronic flatulency, backed by a double dose of croton oil, and you will have a faint conception of my experience this morning. My wife says I am not as handsome as I was, but I know more. I feel that the limit of my experience has been broadened. I seem to see things differently than I did. Life does not present the same roseate hue that it did. I am not as ambitious as

I was. I don't feel like joining the "busy throng," but rather sitting with my face towards the west, and see the crowd go by, as I watch the lengthening shadows of life's closing day. I don't want to go down there any more. I don't believe it's healthy. I lack confidence. I had *plenty* this morning. I felt like John L. Sullivan would going into the ring with Tom Thumb. But things have changed; Tom Thumb would better represent me now. And then I have only two thousand on my life, and no accident policy. When I think of my wife and child, I can't bear the thought of trying to collect that bill. I would sooner pay it myself.

I used to read about Daniel in the lion's den. Well, Dan is nowhere. I have tackled a whole menagerie. Doctor, did you ever read "She?" Well, I have seen and heard her. Are you strictly orthodox? Do you believe in a personal devil? Do you think he is married? If not, I know where he can get a wife that will match him. I think your diagnosis of Mr. —'s case was incorrect. With proper treatment he would have been alive to-day; all he needed was quiet and rest. He was talked to death; that's my verdict. I can't tell you all she said; no man living could. When I get a little stronger I will come and see you. I would suggest, however, if you think of sending any one else down there, that you wait till Barnum's show comes, and then hire his hyena trainer and the man that puts his head in the lion's mouth, and let them take the snake charmer, and then send them all together *well* armed. I would also suggest that they approach "She" from opposite directions. I don't think they can surprise her; it's my experience that it is the other fellow that acts the "surprise" part. I don't think you will get any more money by sending these show people than I got, but it's likely there will be fewer killed and wounded.

Yours disfigured, but still in the ring. T.

The Supreme Court of Georgia has rendered a decision (*Medical Record*), holding the proprietors of patent medicines responsible for injury done to any person who takes the medicine according to directions. The liability for damages does not fall upon the druggist who sells the medicine, but upon the proprietor, even when the consumer buys not from him directly, but from the druggist.

NOTES AND COMMENTS.

Dr. Joseph Eastman will sail for Europe in July. He will attend the International Medical Congress.

Dr. H. V. Sweringen, of Fort Wayne, has been appointed physician to the Indiana Asylum for the Feeble-Minded.

Dr. L. M. Rowe has moved his office to No. 19 West Ohio street. He is helping to hold down the rooms occupied by the editor.

Drs. H. O. Pantzer, Dan Thompson and W. N. Wishard have gone to Europe to attend the International Medical Congress, to be held in Berlin in August.

The *New England Medical Monthly* appreciates a good thing when it sees it. It copied entire our editorial on "An Outraged Organ," published in the April number of the JOURNAL.

Some of the census enumerators appointed to take the census of Indianapolis, seemed to lack good common sense. For instance, a physician informs us that a young lady making her home at his house, after telling the enumerator that she was unmarried, was asked if she had any children. Another white married woman was asked if her children were white or black, and another if her husband was white.

The *Medical Record* says that the Director of Public Assistance recently caused a report to be made on the surgical operations which have been performed during the last two years in the hospitals of Paris. It appears that the accidents due to chloroform anesthesia have been in the proportion of 1 in 1,236; those due to ether only 1 in 12,581 cases.

This, it seems to us, is no proof that chloroform properly administered is a more dangerous agent than ether. It is a proof, however, that physicians in the Paris hospitals are either criminally reckless in the administration of chloroform or inexcusably ignorant of the proper mode of giving it.

The irregular advertising mania of which the JOURNAL spoke in a former issue continues. However, the Judicial Council of the Marion County Medical Society has taken the matter in hand, and we may hope, ere long, that a purer medical atmosphere will prevail in this city.

It seems to be pretty well established by careful and unprejudiced experimentors that the hot-air treatment of consumption, like the Bergeon treatment, is a dismal failure. The Bergeon method attacked the festive bacillus in the rear, while the hot-air method assaults him in the front; but all the same, it kicketh up its heels in delight when bathed in the odoriferous fumes of sulphuretted hydrogen, and cryeth "ta! ta!" when roasted in the hot-air blasts of Weigert, Krull, Halle and others.

Practical Medicine.

CONDUCTED BY THEODORE POTTER, M. D.

Laveran's Organisms in the Diagnosis of Malaria and Typho-Malaria.

The *New Orleans Med. and Surg. Journal* quotes from the *Johns Hopkins Bulletin* an article by Dr. W. Osler, which is interesting. Dr. Osler says the attitude of the profession on the question of the germs of malaria is one of judicious skepticism. Between the bacillus malarix of Klebs and Tomassi-Crudelli, and the protozoa of Laveran, the average doctor can not be expected to decide. There has been no confirmation of the observation of the first named on a specific bacillus in the disease. It is far otherwise with the organisms described by Laveran, whose work has now been confirmed by competent observers in Italy, America and India. Osler then goes on to state how he passed from skepticism to conviction, he being now thoroughly convinced that the work done warrants positively the statement that these organisms are peculiar to and diagnostic of the presence of the malarial poison.

For some time now the examination of the

blood has been used in a routine way to distinguish between malarial and other diseases, and thus have been cleared up a number of otherwise obscure cases. This examination is not tedious nor specially difficult, but requires a good microscope and rather high powers. With care, however, a good eighth is sufficient, and in chronic cases with the crescents in the blood, a sixth suffices. It is important to have the finger-tips thoroughly cleansed, and it is best to take a very small drop of blood, so as to have the layer uniformly and thinly spread out with the corpuscles isolated, not in rouleaux.

Summarizing, he says that in the acute forms of malaria there exists, in certain of the red corpuscles, amœboid bodies, usually pigmented, which undergo a definite evolution, increasing in size, gradually filling the entire corpuscles, and which prior to and during the chill undergo a remarkable segmentation. There are also in some cases free pigmented bodies. To the form within the corpuscles which undergoes changes, the term *plasmodium* has been applied. Occasionally in acute forms flagellate bodies are seen free in the blood, with from three to eight long, active moving cilia. According to Councilman, these latter are much more common in blood withdrawn from the spleen.

In more chronic cases, particularly in the forms of remittent fever which are so apt to be taken for typhoid, the corpuscles do not so often present the intercellular forms, but there are remarkable ovoid, rounded and crescentic bodies deeply pigmented. These are probably related to and developed from the intercellular forms. From certain of these, particularly the ovoid and rounded forms, the flagellate bodies may be seen to develop. A ready method of separating malarial from other forms of fever will be of great value, and Osler thinks that those who have much to do with this disease can not longer afford to neglect so valuable an aid in diagnosis.

In the May number of the same journal is an editorial notice of the work of Dr. J. J.

Kingoun, bacteriologist of the Marine Hospital Service, upon typho malarial fever. Among the cases examined by Dr. Kingoun were several of mixed infection, in which the malarial and typhoid organisms were associated. These cases presented, clinically, deviations from the general course of either disease, according as the one or the other intoxication predominated. Two cases were observed in which the malarial symptoms masked the typhoid trouble. The *plasmodium malarie* were found in the blood and quinine changed the aspect of the cases, but a few days afterward there remained no doubt of the existence of typhoid also. In other cases the typhoid symptoms were most prominent; and in several instances of both forms, both the typhoid and malarial organisms were found, thus showing that the so-called typho-malaria is not a disease *sui generis*, but simply a combination of two distinct diseases. Whether the existence of one furnishes a predisposition to successful infection with the other, or whether their coexistence is simply accidental, is unknown. It is not unreasonable, however, to suppose the former to be true. Especially does it seem probable that the existence of typhoid may render the patient more susceptible to malaria.

If these observations of Kingoun are correct, bacteriology will have stepped in to clear up another one of the long vexed questions of clinical medicine.

The Caisson or Tunnel Disease.

Dr. Corning, in the *Record* of May 10th, gives an interesting review of this peculiar malady which, as its name implies, is met with among those who work in the compressed air of caissons or tunnels, but may also follow, under any circumstances, the too sudden change from a higher to lower air pressure. A notable instance is recorded of the famous aeronaut Glaisher, as a result of his seven mile ascent.

The disease has been studied in this country chiefly in connection with the construc-

tion of the great St. Louis bridge, the Brooklyn bridge, and the Hudson River tunnel, by Drs. Jaminet, A. H. Smith, Wm. Perry Watson, and Corning. It seems to occur mostly among those who have been engaged but a short time in the tunnel work, or in those who are obliged to continue too long at one time in the compressed air.

The symptoms are about as follows: A short time after emerging into the normal air the patient's skin becomes cool and covered with a clammy sweat; pulse falls to subnormal, and is compressible and slightly irregular; he feels prostrated and walks with a slow and hesitating gait. Sometime afterward it may be, he is seized with pains in the lower limbs so intense that he can no longer walk or stand. The pain, extending sometimes to the abdomen, back, shoulders or arms, remains the most prominent symptom. There may be prodromes, as buzzing in the ears, or slight pain in a joint. In severe cases there is pronounced impairment of both sensation and motion in the lower extremities. Anesthesia in the same region may be present, extending as high as the abdomen. Bladder and rectum are frequently involved in these cases, and trophic disturbances may occur resulting in bed-sores. Some fluctuation of temperature is not uncommon, and cerebral symptoms are present occasionally. Vertigo, headache and functional aphasia are common. Mild cases usually recover in a week or two; those of graver type require much longer before they can get about. One attack disposes to others.

Dr. Corning gives the following explanation of the pathogenesis: The diminution of pressure on passing into the open air causes the blood to rush in unwonted quantity to the surface of the body, robbing the internal organs, especially the cerebro-spinal, of a large amount of blood. This anemia, with loss of oxygen to brain and cord, seriously impairs their functions. This will be felt in the lower cord chiefly, because its vessels are long, slender and remote from the heart. Hence the pelvic symptoms and those in the

lower limbs. Only when the rarefaction is very great will the cerebral functions be affected. Hence there will be motor and sensory paraplegia before unconsciousness. If the subject remain in the relatively rarefied air, the effects are likely to be more than transient.

The treatment adopted was rest, morphine freely for the pains, cathartics for derivative purposes, the catheter for retention, and good diet. Ergot was also used in some. Hot baths are not to be used. The best remedy is return to the compressed air, followed by very gradual withdrawal.

How to Use Sulphonal.

J. Madison Taylor, in the *Univ. Medical Magazine*, protests against the growing distrust of sulphonal, believing that when judiciously used it shows rare and admirable qualities. But he thinks it has been improperly administered, and gives his opinions based upon an extensive use. He gives from five to seven grains, rarely more than ten grains, beginning in the afternoon, and repeating about every three hours. Three or four doses will usually be followed by excellent results in securing a normal night's sleep. It seems best administered in a little soup or milk. In those who are wakeful toward morning, it is best to give the drug toward bedtime to secure its tardy effect. Thus used sulphonal gives excellent results, and seems free from danger or unpleasant effects.

Trichloroacetic Acid as a Nasal Caustic.

Ehrmann, in an article in the *Med. Monat.*, speaks highly of the use of this agent as a caustic in the nose and naso-pharynx. Its application, he says, is followed at once by a dry, ivory-like, smooth, close-lying crust, which does not extend but remains strictly localized. It differs radically from that produced by chromic acid. It is moderately thick, gives rise to no unpleasant odor, separates much more rapidly, excites almost no inflammatory reaction, and is followed by

almost no pain. The slough almost invariably separates within six days, when the cauterization may be repeated, if necessary. A further advantage is that it seems to be free from the danger of general toxic effects. A crystal falling upon the dry skin or the clothing does no harm. The application is made by placing one large or several small crystals in a cavity in the end of a knobbed probe.

Diabetes Mellitus and Disease of the Pancreas.

By complete extirpation of the pancreas, Minkowski has succeeded in producing in dogs a disease which covers completely the picture of diabetes mellitus. In addition to the glycosuria lasting for weeks and up to the death of the animal, polyuria, polydipsia and polyphagia can be observed.

This diabetes depends upon the absence of the pancreas, and not upon injury to any part of the nervous apparatus; for, after partial extirpation of the pancreas in a number of animals, leaving a small part of this gland, no diabetes occurred, although the greater part of the pancreas was removed. Were the presence of sugar dependent upon an injury of nerves in the extirpation, diabetes would of necessity have arisen, with the partial extirpations, in some animals.

In this experimentally-produced diabetes there is, according to Minkowski, the failure of a still unknown function of the pancreas in connection with metabolism; a function which is necessary for the utilization of sugar in the organism. Inasmuch as changes in the pancreas have been found in many cases of diabetes in men, Minkowski believes he is not wrong in connecting diabetes with pancreatic disease during life. He believes we will finally come to consider glycosuria as the expression of a disturbance of the function of the pancreas.—*Berl. Klin. Wochen.; N. Y. Med. Monatsschrift.*

Consanguineous Marriages.

The author of a recent work on this subject calls attention to the curious ideas which have been generally received in reference to the infecundity of, and physical degradation consequent on, consanguineous marriages. So far as the data given may be trusted—and it is hardly to be supposed that the author holds a brief on the opposite side—there

is absolutely nothing to show that marriages between near kinsmen are lacking in fertility, or that they are peculiarly liable to give issue to deformed or diseased offspring. There is no lack of instances of enforced consanguinity, in the matter of marriage, in isolated communities, according to M. Huth, to disprove the assumption that physical degeneration is likely to result from the practice. An investigation into the number of unions between uncles and nieces, nephews and aunts, and cousins in the first and second degree, give an average of children rather above than below the general average, though this is attributed to some extent to the comparatively early age at which such unions are contracted. Breeders inform us that the results are markedly in favor of consanguineous unions between healthy, well bred animals. Unions between men, or animals, of widely different varieties, on the other hand, have a decided injurious effect on the offspring, and beyond a certain limit are almost absolutely sterile. Mulattoes and the half-breeds of India and America are striking examples of the deterioration to which such racial disparity gives rise. The great point to bear in mind is that the union of individuals with the same morbid tendencies intensifies the taint, and that, too, quite irrespective of any consanguinity. The moral, according to the author, is that the reasons which have led to the prohibition of marriages within certain degrees of relationship are social, and not physiological.—*Medical Press and Circular.*

Hemorrhage within the Cranium.

Heidenhain gives a brief review of two cases in which death occurred from hemorrhage following fracture of the skull. In both cases the fatal hemorrhage came on as the patients were laid in the horizontal position in bed. He had often observed that after a light apoplectic stroke, the patient having taken the nearly horizontal position in bed, a more severe stroke followed. It is, therefore, advisable that after the onset of a light apoplectic seizure, the patient should be kept for some hours sitting upright.—*Med. Monatsschrift.*

As a means of increasing the excretion of uric acid, salicylate of soda has thirteen times the power of salicine; while salol occupies an intermediate place.—*Cin. Med. News.*

Obstetrics and Gynecology.

Review of Lawson Tait's Book on Diseases of Women and Abdominal Surgery.*

BY FRANK C. FERGUSON, M. D.

Adjunct Professor of Obstetrics and Clinical Midwifery,
Central College of Physicians and Surgeons, Gynecol-
ogist to the Indianapolis City Dispensary.

The *Journal of the Amer. Med. Association*, in a recent issue, divided book reviewers into three classes, viz., the commendatory, the condemnatory, and the self-laudatory. The commendatory reviewer has nothing but praise for the author of the book and its publishers, the condemnatory seemingly has but one rule of action, viz., to strike with his intellectual shillalah at everything in sight, while the self-laudatory seems to think the author would have made a much better book had he invited the reviewer to assist him in editing it. So far as Mr. Lawson Tait's book is concerned, the reviewer, after having read it with intense interest from the opening to the end of the closing chapter, has found many things to commend, a few things to condemn, and is not disposed, after the self-laudatory style, to call the author's attention to "neglected points" which he would have inserted had he been consulted. There are many things, indeed, in the book which will not be altogether endorsed by American gynecologists, and quite a number that will be altogether rejected as not in accordance with their experience; but the main teachings of the "surgical Mohammed," especially as regards the surgical treatment of pelvic and abdominal diseases, will be accepted.

The author's remarks upon the use and abuse of pessaries are sound to the core. Unfortunately for victims of uterine disease the influence of Prof. Hodge, of Philadelphia, who a quarter of a century ago popularized the treatment of displacements by mechanical means, still lingers among us, producing tenfold more evil than good, and making more cases incurable than it cures. The pessary,

in the hands of one who knows its limitations and its power for untold harm, can occasionally be made of great service as a subordinate treatment in the cure of displacements; but in the hands of a bungler, it becomes an instrument of torture, aggravates the disease, has oftentimes produced recto-vaginal and vesico-vaginal fistulæ, and has even produced death. Therefore, when Tait says, "I hate a pessary," "and the popular views on uterine displacements, combined with their routine treatment by pessaries, has of late years made me many times wish that pessaries had never been invented," he echoes the sentiment of every physician who has kept up with the progress of modern gynecology. We sincerely wish that every physician of this country, who has not yet outgrown the teaching of Hodge, would read this book.

Regarding Emmet's operation for "laceration of the cervix," he denounces it as one of the most useless operations that "has ever been introduced into surgical practice;" that "the real trouble is the subinvolution and the consequent chronic metritis," and the laceration "a mere incident which is not of the slightest consequence."

As Mr. Tait does not give his reasons for this sweeping denunciation of what American physicians believe to be, when performed in proper cases, one of the most useful operations ever introduced into surgical practice, we must infer that either English women are not subject to these lacerations to the same degree and extent as American women, or Mr. Tait has not had sufficient personal experience in the operation to warrant him in denouncing it as useless and absurd. Regarding this matter Mr. Tait might remember with profit one of his own statements, found on page 137, viz.: "It is a difficult matter to rid ourselves of prejudices and predilections, and there is a constant tendency in the human mind to use only one focal adjustment of the mental lenses for all kinds of objects."

The chapter on that vexed subject, menstruation, is replete with original observa-

* Vol. I. Philadelphia: Lea Brothers & Co. 1889.

tions and conclusions, which will richly repay careful study. Nevertheless, in the opinion of the writer, the author has not proved that "the ovaries have nothing to do with menstruation," nor has he established his "tubular theory of menstruation," viz., "that the tubes are the starting-point of the process;" and the theory of his former pupil, Dr. Johnstone, of Kentucky, that there is "a big nerve trunk which runs in the angle between the round ligament and the tube," which is "a possible governing structure for menstruation," which Mr. Tait seems to have partially adopted, must remain *sub judice* until further observations have confirmed or disproved it.

The author seems to have pretty thoroughly established that menstruation and ovulation are not in all, nor even in the majority of cases concurrent, and of course it follows that menstruation is not dependent upon ovulation; but this does not prove that "the ovaries have nothing to do with menstruation." If, as Mr. Tait says, "in thirty per cent. of cases in which both ovaries are thoroughly removed, but where the uterus and tubes are untouched, menstruation goes on undisturbed," it follows that menstruation in seventy per cent. of the cases does not go on undisturbed, which would seem to indicate that the ovaries have a good deal to do with menstruation, at least in seventy per cent. of cases.

Again he tells us that he "has found by clinical experience that removal of the tubes without touching the ovaries at all, will arrest menstruation in ninety-five per cent. of cases, but it does not in the other five." "But in some cases—I have been watching three of them for years—removal of both ovaries, both tubes, and five-sixths of the uterus will fail to arrest menstruation." Now, if removal of the ovaries alone will not stop the function in all cases, and removal of the tubes alone will not stop it in others, while the removal of both tubes and ovaries and five-sixths of the uterus in others has no effect on menstruation, the logical conclusion would seem to be that the ovaries, tubes and uterus all stand in a causative relation to menstrea-

tion; that in some cases the chief cause is in the ovaries, in others the tubes, and still others the uterus.

His discussion of specific inflammation of the uterine appendages, graphically illustrated with reports of cases in his own experience, is an earnest, vigorous and truthful arraignment of the gonorrheal poison as the most frequent cause of pyosalpinx. "Where syphilis kills its tens," he says, "gonorrhea kills its thousands; and it would take the sufferings of a hundred cases of syphilis to make up for the long, weary years of agony of one case of gonorrheal pyosalpinx." He goes out of his way, however, to make a vigorous assault upon the "gonococcus" and the germ theory in general; dilates upon the "absurdities of the microbe," regrets the fact that certain writers "have been bitten with this microbial craze," and takes a whack at the German writers, who he declares have developed "a new phase of lunacy—cocci-phobia." "The German scientist," he says, "is rudely disposed to regard the 'mere practitioner' as something short of an idiot, especially if he will not accept as indisputable the theories of his so-called science," etc. The six pages devoted to the discussion of "the little beasts," as he is pleased to term disease germs, although replete with sarcasm, ridicule and rhetoric, are very entertaining and amusing, but hardly instructive. It is to be regretted that one who has done so much for the advancement of abdominal and pelvic surgery should place himself in a hostile attitude toward one of the greatest advancements in medicine and surgery of modern times. He admits, however, that it is "almost proved" that splenic fever is caused by a bacillus. But his declaration that the Germans "assume that because this is true of splenic fever it is true everywhere that a specific fungus is found," is an admission that he is not fully informed upon the literature of the subject, or the thousands of experiments that have been made, by not the Germans only but by bacteriologists throughout the civilized world, that go far to prove

that many other diseases beside splenic fever are caused by bacilli.

The chapter upon ectopic pregnancy and pelvic hematocele is possibly the most interesting and practical chapter in the book. He divides ectopic gestation into—

1. Ovarian, possible but not yet proved.
2. Tubal, in free part of tube is (a) contained in the tube up to fourteenth week, at or before which time primary rupture occurs, and then the progress of the gestation is directed into (b) abdominal, uniformly fatal unless removed by abdominal section, (c) broad ligament or extra-peritoneal gestation, where it may (d) develop to full time and be removed at viable period as a living child, or (e) may die and be absorbed as extra-peritoneal hematocele; or (f) may die, and the suppurating ovum may be discharged at or near the umbilicus, or through the bladder, vagina or intestinal canal, or (g) may remain quiescent as a lithopedion, or (h) may become abdominal by secondary rupture.

3. Tubo-uterine or interstitial, is contained in part of the tube embraced by uterine tissue, and, so far as is known, is uniformly fatal by primary intra-peritoneal rupture before the fifth month.

The diagnosis of tubal pregnancy before rupture of the tube, he says, is not easy because the patients do not consult us; at the time of rupture it "may be made with certainty seven times out of eight, and guessed at in the eighth instance." He has never seen an intra-peritoneal hematocele that was not due to a ruptured tubal pregnancy; and very many cases of extra-peritoneal hematocele (effusions of blood into broad ligament) have undoubtedly been tubal pregnancies, which have ruptured between the peritoneal folds of the broad ligament." His treatment of ectopic pregnancy is abdominal section, removal of the sack and tying the bleeding vessels; and he justly condemns such measures as electricity, injections of morphia, etc., into the sack with the view of killing the fetus.

We should love to refer to other points, but this article has already grown too long. We can only say in conclusion, that Mr. Tait has given us one of the most instructive and useful books that has been published within the last decade.

Cutaneous and Genito-Urinary Diseases.

CONDUCTED BY A. W. BRAYTON, M. D.

Some Fallacies Concerning Syphilis.

I shall use all the allotted space in a notice of Dr. E. L. Keyes' little book of seventy-five pages, on "Some Fallacies Concerning Syphilis," just issued in the Leisure Library by George Davis, Detroit, Mich. The book (25 cents) should be in the hands of every practitioner, who has not had experience enough to write such a book himself.

The first fallacy is, "Syphilis is necessarily a severe disorder, disfiguring its possessor, entailing social ostracism, destroying the domestic life of its victim, and impressing its stamp upon its issue from generation to generation."

This fallacy is not held by the intelligent profession. Quacks enforce it, thus creating syphilophobiacs. Dr. Keyes thinks his late associate (Van Buren's) statement that gonorrhea is oftener the cause of death than syphilis, can be sustained on rational grounds. Syphilitics generally outlive their term, and die of some other disease. Insurance companies recognize it as a curable disease. The author has seen no syphilitic progeny, the mother being healthy, the fifth year from chancre in the father treated systematically with mercury. As to severe outbreaks and obscure nervous disorders, which do occur in after life, the patient is largely responsible. Mild cases usually become severe because of the carelessness, viciousness or indifference of the patient.

Fallacy second is that there is a mild and a virulent syphilis, *per se*—an essential difference in the quality of the syphilitic poison.

Dr. Keyes believes the virulence depends on the physical state of the subject. Childhood, spite of its vigor, suffers more than the adult stage; brothers have the same type regardless of the source, etc. But there is a race acclimatization. In Portugal, where practically everybody has syphilis, it is mild; when carried to island races, the disease is intense and the mortality high.

Fallacy third, affecting only the medically ignorant, is that a sore following exposure means that a poison has been encountered, and a recurrence without further exposure is proof positive of syphilis. This dread of a pimple, or abrasion, or attack of herpes, is made use of by dishonest physicians to retain a patient. The truth is that most sores are friction and irritation sores, and are more common after contact than any other time. Recurring herpes is, perhaps, oftenest mistaken for syphilitic ulcer. This point is ably discussed by Dr. Keyes. I have had a case of herpes progenitalis which recurred after sexual contact, and had been treated as syphilitic for several years.

The fourth fallacy, that syphilis is a local disorder at first and modified by local treatment, is common to both profession and laity. Dr. Keyes does not agree with the teaching and practice common in Germany of excising chancres. There is no objection to cutting them out; the wound heals quicker than a chancre, but the subsequent syphilis is not modified. The same rules hold here as with small-pox. The advocates of excision are giving way.

The fifth and sixth fallacies, that syphilis is acquired only during sexual contact and is contagious only through the chancre, and the converse notion that any contact whatever is contagious, apply only to the public. The late pearly patches on the tongue, and the scaly patches on the palms, lasting months and years, do not convey the disease.

The seventh fallacy, that mercury is as great an evil as syphilis itself, is held by the laity, and the "greater part of the profession."

There is no evidence that the amount of mercury which controls syphilis is of any harm. Salivation is not necessary. Mercury is a tonic. It does not stay in the bones. It is quickly thrown off.

The eighth fallacy that mercury cures by its tonic action when used by the method called the "tonic treatment," Dr. Keyes gives much attention. His tonic method has been before the profession since 1876. Mercury is a tonic in small doses. It increases the blood corpuscles, but is not the best tonic. It is a specific. As to form of mercury, Dr. Keyes makes a good argument for the green iodide, always using the sugar coated centigramme granules of Garnier and Lamoreux, because they are uniform, do not stick together, or change in hot climates, and are everywhere procurable. These French granules are very impure; cut through they show first a purple layer of iodine; they contain free mercury, and often a bright red line of the biniodide. But they are uniformly impure, and their effect continuously reliable. They give efficient warning by griping pains and loose diarrhea, and then the patient can take less of them and so avoid salivation. He soon finds what is his "tonic dose," and can go on one month or more without attention.

The ninth fallacy is that mercury cures syphilis. This is and is not a fallacy. Time cures syphilis; it even gets well of itself. But mercury moderates and controls the disease; it saves tissue; it prevents scars; shields the activity of functions. The great teachers in Austria, Denmark, England and France all agree that mercury averts tertiary symptoms. Dr. Keyes is very strong in his belief that mercury has not only a moderating but a curative power.

The tenth fallacy is that the iodides are less harmful and as effective in the treatment as mercury. Dr. Keyes concludes that iodides in early syphilis squander our resources—they should be held in reserve; to use them at first is to send a man to do a boy's work.

Any alkaline medicine, even soda, long used upsets digestion and thins the blood.

The eleventh fallacy is that syphilis only requires mercury and the iodides. "Every graduate thinks he can treat syphilis; make the diagnosis, and give mercury for secondaries and potash for tertiaries; that is all." But it is not all. Diathesis, habit, hygiene, digestion, drug tolerance, all must be considered. The mercury may fail by the mouth and inunction, or fumigation be at once efficient. Routine treatment may fail and all our therapeutic and dietetic resources be taxed to make the organism bear the necessary medication.

The twelfth fallacy is that syphilis in the parent becomes scrofula in the children. Dr. Keyes here discusses the subject of heredity at length, and concludes that syphilis might be wiped off the face of the earth, and scrofula flourish none the less. Cod-liver oil, tonics and iron may improve the syphilitic child, but they do not prove his malady to be scrofulous. Scrofula is a tubercular manifestation, and not a syphilitic.

The thirteenth fallacy is that the Hot Springs of Arkansas have special power to cure the disease, or at least shorten its duration. This widespread fallacy has no foundation in fact. Their positive value is that patients at the Hot Springs can take much more medicine—up to eight hundred grains each day of iodide of potash, and several ounces of mercurial ointment, without being saturated. Cases of profound tertiary, not doing well at home, may do well at the Springs. But we refer our readers to the March (1890) number of this JOURNAL, and also to Dr. Keyes' excellent discussion of this fallacy. Dr. Keyes' notion that there is something peculiar in the heat of Hot Springs water is expounded at length, and in the light of modern physics is extremely ridiculous. Heat is a mode of motion, and the place and manner of its generation is immaterial.

I recommend this book to every one interested in syphilis; it will prove of great value to the profession.

Materia Medica and Therapeutics.

CONDUCTED BY S. E. EARP, M. D.

Sterilized Water for Infants.

At this season of the year, when the death rate among infants is very great, many cautious nurses sterilize the milk which is used. This is a good method, and will prevent the many serious consequences arising from the use of an impure quality of milk. Yet this may not prevent the main source, which is frequently the case where water is the medium. Even against the physician's instruction large quantities of water are administered to the patient, and in large cities the drinking water furnished is only too often polluted with germinal matter. Sterilizing the water will avoid this dire result. Some months since the *Physicians' and Surgeons' Investigator* offered the suggestion and the following method: "Set the vessels in the refrigerator or hang in the well, and the water will be as cool as spring water, and much better for the baby than ice water. Never put ice in the water, as it may contain the poison of disease. Before the babe is fed it should be offered a drink of this pure water, that when it takes its nourishment the thirst may be in a measure satisfied, and it will not seek to satisfy its thirst by over feeding."

Over-feeding of Infants.

The over-feeding of infants and its dire results, not only in a high degree increases the amount of sickness among children, but furnishes a heavy death-rate, thus demonstrating the fact that quantity of food is an important factor as well as quality. While hunger has been termed the stomach's hangman, yet for the adult glutton nature furnishes a penalty. For a child with undeveloped mental faculties it seems that nature calculated that the stomach would be imposed upon through the indiscretion of parents, and therefore the anatomical conservator, that involuntarily unloads, oftentimes furnishing a remedy for the wrong. We do not call to mind the au-

thor, but it has been calculated that one-fourth of all children born die before the fifth year, and fifty per cent. of this number die from a disordered condition of the digestive organs. Therefore, if parents understood these facts and follow them, the per cent. of deaths will be less by the adoption of the prevention methods.

Hypnotism.

Prof. Mendel does not doubt that some good results may be obtained by hypnotism, but thinks it does not deserve the importance given it at the present time, from the fact that personal experience causes him to believe that a cure is rarely produced, and the untoward results are hysteria and epilepsy; also serious consequences are produced by the morbid disturbance in functional activity of the cerebral cortex. Further, a nervous condition which he gives the name of "hypnotismania" may be occasioned, and can only be relieved by the constant induction of hypnotism.

The Administration of Insoluble Crystalline Substances.

The use of crystalline synthetic products is becoming now so universal that the best mode of administration of such bodies becomes a matter of considerable importance. It has been found a point of much difficulty to find satisfactory modes of administration, when in the form of fluid media, of such bodies as benzoic acid, antipyrin, sulphonol, naphthol, etc. Various methods have been employed, with the object in view of giving such a substance in the form of solution. In some cases it has been recommended to dissolve the remedy in alcohol, and add it to water sweetened with syrup; in other cases it has been advised to dissolve the crystalline organic principle in boiling water, and then to add syrup, while in other cases it has been recommended to rub the product up with an equal weight of sugar or gum, and then suspend it in a watery vehicle.

In a note published in the *Repertoire de Pharmacie*, April 10, 1890, Mr. M. P. Carles shows that these three different plans are by no means equal in effectiveness. After dissolving in alcohol and then in water, the resulting product is turbid in appearance and

deposits crystals. In boiling water the insoluble part separates slowly and crystals form, which cling in great part to the bottom, so that the patient, after a very short time, does not receive more than a third or half of the dose prescribed, while when the crystals are separated by agitation, they often produce severe irritation of the throat, and may cause violent coughing or even vomiting. Carles, therefore, is strongly in favor of careful trituration of the crystalline principle with its own weight of sugar or gum. With this method all the crystalline needles are destroyed, and there is, therefore, no danger of their reappearing when the solution cools, and the insoluble particles are uniformly suspended in the liquid, especially when it is first subjected to slight shaking.

The author, therefore, recommends the previous powdering of such crystalline mineral or organic principles with sugar or gum, and then suspending them in the form of an emulsion in water.—*Therap. Gaz.*

Treatment of Infantile Diarrhea.

The treatment of this summer trouble of nursing babies is now recognized to take its inspiration from the parasitic origin of the disease. Most authors insist on a strict antiseptic treatment, and first of all efforts must be made to prevent the penetration of the germs into the digestive tubes of the infant. The careful washing of the nurse's teat with an antiseptic solution, and the same of the nursing-bottles, only in stronger solution, and sterilization of the milk used, is already a regular practice, and washing out the baby's mouth each time it nurses is another good habit. The treatment itself must attempt to destroy the pathogenic germs which are the cause of the malady. Two drugs are used—naphthaline and calomel. The first must be given in a mixture that does not contain any fatty matter. Use the following formula:

R. Naphthaline (pure) 1 gramme.
Mucilage acaciæ
Chamomile-flow. water, aa 40 grammes. M.

Sig.—Give a teaspoonful every two hours (shake well).

Or it may be given in rectal injection as follows:

R. Naphthaline. 1 gramme.
Aque destill. 50 to 100 grammes.

Boil this until it looks milky, and add boiling chamomile-flower water, 500 to 1000 grammes. Stir well and allow it to cool down to 37° C. (98½° F.)

To prevent the administration of naphthaline causing any poisonous accidents, no substances must be allowed to remain in the intestines that can dissolve it (fats mostly). According to the recent experiments of Baginsky, when calomel and naphthaline are given together, all the bacteria that resist the first are destroyed by the second, throughout the whole intestinal tract.—*Archives of Pediatrics*.

On the Prescription of Alcoholic Stimulants.

That it is possible to treat cases, both medical and surgical, and obtain results that are considered perfectly satisfactory, without the use of alcohol either as a food or a medicine, may be accepted as a demonstrated fact. The experience of the London Temperance Hospital shows that patients recover even after severe surgical operations, although alcoholic stimulants are entirely withheld. The experience of Dr. Kane in the Arctic region, and Parkes in the Ashantee campaign, show that, under the very exceptional conditions they encountered, alcohol was not only not necessary, but actually lessened the power of vital resistance. Stanley says that, indulgence in alcohol in tropical Africa, even in the form of lightest beer or wine, is fatal to Europeans. At the same time, it must be acknowledged that in the temperate zone civilized man almost universally uses alcohol as an accessory food, in some form or other, and that physicians, by general consent, accord to alcoholic stimulants an important place in therapeutics. As stated above, there are exceptions to this, and some physicians are opposed to their use absolutely, and appear to have no great difficulty in practicing medicine without their aid. But these extreme partisans of total abstinence are rare and far between. The question still undecided is, do patients recover as quickly, as safely, and as comfortably without alcohol as they do when it is judiciously administered? By common consent this is answered in the negative, with the proviso, however, that as alcohol powerfully influences the vital functions, its physiological action should be kept in mind, and it should be prescribed with as much care as any other toxic agent.—*Dietetic Gazette*.

Potassium Iodide for Headache.

Dr. Bertrand (*Med. Standard*) gave this drug in twenty unselected cases of headache.

In four cases it did no good. In two it afforded some relief. In two others it caused transient cessation of pain. In the remaining twelve cases it gave complete permanent relief. Six grains are dissolved in two ounces of water, and a teaspoonful of this given every few minutes until relief is obtained, which is usually in from fifteen to forty-five minutes.—*Med. Analectic*.

Nitro-Glycerin vs. Alcohol.

Burroughs (*London Lancet*) lauds nitroglycerin as a quick stimulant in place of alcohol. In its favor are: small bulk (one drop of a one per cent. solution is the ordinary dose), rapidity of action, the fact that it can be given to an unconscious patient by simply putting a drop on his tongue.—*N. E. Medical Journal*.

Regional Anatomy, in its Relation to Medicine and Surgery.

The J. B. Lippincott Company announce in press an important work on "Regional Anatomy, in its relation to Medicine and Surgery," by George McClellan, M. D., Lecturer on Descriptive and Regional Anatomy at the Pennsylvania School of Anatomy, Professor of Anatomy at the Pennsylvania Academy of the Fine Arts, member of the Association of American Anatomists, Academy of Natural Sciences, Academy of Surgery, College Physicians, etc., Pennsylvania. With about one hundred full-page fac simile illustrations reproduced from photographs taken by the author of his own dissections; expressly designed and prepared for this work, and colored by him after nature. To be complete in two volumes of 250 pages each, large quarto. The object of the work is to convey a practical knowledge of Regional Anatomy of the entire body. The text to embrace, besides a clear description of the part in systematic order, the most recent and reliable information regarding anatomy, in its medical and surgical relations. The illustrations are intended to verify the text, and to bring before the reader the parts under consideration in as realistic a manner as possible. The first volume will be ready for publication about the first of December, and the second volume is expected to appear shortly thereafter. The work will be sold by subscription only, and salesmen will begin an active canvass the coming October.

Special Notices.

The Indiana Medical Journal for 1890.

JOURNAL, one year, \$1 00; JOURNAL and an excellent Clinical Thermometer, \$2.00.

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Pure Volatile Eucalypti Extract (Eucalyptol).—It is not generally known that there exists only one firm—Sander & Sons, Sandhurst, Australia—that is manufacturing the pure Volatile Eucalypti Extract (Eucalyptol). To produce the genuine article, green leaves, three years old and complete in foundation, are required (see *Das Eucalyptus*, Professor Hugo Schultz, Bonn.) Sander & Sons is the only firm which own factories for that purpose in Australia. Samples gratis through Dr. Sander, Dillon, Iowa. Mayer Bros. Drug Co., St. Louis, Mo., sole agents.

Tarrant's Seltzer Aperient.

It was in 1844 that the now well-known Aperient called "Tarrant's Seltzer" was prepared for the use of the coterie of physicians which composed the staff of the New York Hospital, and from that time to the present it has been a favorite saline with physicians of all schools. It is not only a most palatable and safe Aperient, but is now extensively used as an antacid in gouty or rheumatic diathesis and as a vehicle to administer the salicylates, lithia salts and tincture of iron.

Mr Henry, of the firm of Renz & Henry, of Louisville, Ky., recently gave the editor a pleasant call, and as a memento left us a full page "ad." of their Elixir of Three Chlorides and Solution Triple Hydriodates. Read their advertisement; it will do you good.

Messrs. Parke, Davis & Co.

The ever-progressive house of Parke, Davis & Co. are out this month with some seasonable suggestions as to eligible remedies for prevalent diseases of hot weather. They have a very convenient list of intestinal sedatives, antiseptics, antispasmodics and anodynes for diarrheal and dysenteric affections, some new expectorants of note for coughs and colds, and a normal liquid ipecac always reliable as an emetic in cases of gastric disturbances due to accumulated fermented food, so frequent a cause of infantile diarrhea.

By way of gossip we may state that this house is largely increasing its facilities for the manufacture of pharmaceuticals. Buildings now in process of erection will double their capacity for production this year, and a new Laboratory, very complete in its appointments, is now being built for them in Canada.

What! you haven't seen it? The finest train on earth. The Pullman Vestibule Line that runs between Indianapolis and Cincinnati on the C. H. & D. R. R., and you have not taken a dinner in the dining car? Why, young man, they set the best meal in those cars that I ever ate, and the C. H. & D. R. R. is as smooth as glass; you are not jerked from one side to the other; it is actually comfort and ease to ride on that road. Just pack your grip and take a trip to Cincinnati some day, and you will learn a thing or two that is worth knowing. It is elegance and splendor, comfort and ease, speed and safety, to ride over the C. H. & D. R. R.

Epilepsy of Thirty Years' Standing.

Dr. J. S. Brunner, of Bay Port, Fla., says: In an old case of epilepsy of thirty years' standing, I used Peacock's Bromides with marked success and decided benefit; patient had from three to six seizures usually in twenty-four hours. Under the use of Peacock's Bromides the patient is almost entirely free from further attacks and otherwise generally improved.

Robinson's Lime Juice and Pepsin is an excellent remedy in the gastric derangements particularly prevalent at this season. It is superior as a digestive agent to many other similar goods. (See advertisement.)

Read all the advertisements. You may find something that may be of great importance to you.

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Original Communications.

SOME OF THE PROBLEMS OF BACTERIOLOGY.*

BY THEODORE OTTER, A. M., M. D., INDIANAPOLIS.

Lecturer and Demonstrator in Bacteriology, in the Medical College of Indiana.

There is no subject which, during the last decade, has occupied as large a part of the attention and interest of the profession as the germ theory of disease. It is, perhaps, safe to say that it would have been impossible, during the last few years, to find a single issue of any medical journal in Europe or America which did not contain some reference to it. It is also safe to say that the medical historian of the future will describe our age as chiefly characterized by the developments in this direction, and that in the word picture the germ theory of disease will stand out pre eminent.

When we consider the large proportion of suffering and death due to the infectious diseases, medical and surgical, and remember that this theory has offered an explanation of their causation, propagation, and many of their phenomena, and points to methods not only of cure, but of prevention which is greater than cure, we are not surprised that it should have risen rapidly into prominence and already exercised such an influence in medical thought and action.

The rise of the germ theory of disease, as we now know it, is one of those great movements—wide, deep and far reaching, such as are seen now and then in the progress of medicine, and which stamp the character of its succeeding generations. It has modified and advanced our ideas of etiology; it has

entered the field of pathology and wrought great changes in it, so that, for instance, we now say, in the language of Strumpel—"The definition of tuberculosis has now removed itself from a merely anatomical basis; it is that disease which is called forth by the active agency of the tubercle bacillus." Dr. Senn has recently expressed the opinion, the truth of which I neither deny nor affirm, that "more real progress has been made in surgical pathology during the last fifteen years than in twenty centuries preceding;" and that "surgical pathology has become almost synonymous with surgical bacteriology." Though to a limited extent, yet distinctly and helpfully, it has increased our diagnostic abilities; it has added something to medical treatment, and has aroused, stimulated, and guided many earnest efforts in this direction; it has strengthened the safeguards about the puerperal woman, and so modified the methods of surgery and emboldened its practice as to add much to its efficiency. It has entered the broad realm of sanitary science and preventive medicine, and throwing a new ray of light toward that promised land, has brightened our hopes for the coming of a better day.

Bacteriology has passed the stage of curiosity and sensation; it is not a scientific play nor a microscopic diversion; it is a study of pathology and of the causation of disease, and as such has taken its place among the branches of medical science and in the curriculum of medical studies. We are all watching it, interested in it; and now that it has become a somewhat old story, must often ask ourselves—What is it doing and what does it propose to do; what problems are before it, and how is it endeavoring to solve those problems?

Laying aside mere details and technicalities, which, after all, attract the intelligent

*Read before the Indiana State Medical Society, May 14, 1890.

mind the least, I have thought it might be of interest to consider very briefly some of those problems which have been engaging the attention of workers in this line; problems arising in the struggle to overcome obstacles to the further development of the work; problems involved in the effort to render practically valuable the results already reached. Omitting some which are of much, perhaps of equal importance, I mention the following:

Questions of the susceptibility of animals to the infectious diseases; the durability of infectious material; of disinfection; the manner of dissemination of disease germs; are all infectious diseases due to one specific cause; the question of hereditary transmission.

Koch lays down four postulates which must be satisfied before we can accept the causative relation between a bacterium and a disease. The last two of these refer to inoculations; and the inoculation experiments are the final and crucial tests of bacteriology, at least so far as the pathogenic character of the organisms is concerned. But here a difficulty is at once met. It is evidently impossible to inoculate men with the supposed causes of such diseases as cholera, tuberculosis, typhoid, syphilis, anthrax and glanders. Animals must therefore be used, and the question must at once be answered: Are animals susceptible to all the infectious diseases? This question resolves into two: Are they susceptible?—How do the diseases manifest themselves? By what signs and lesions may we know that an animal suffers from or dies of a certain disease? Are we to expect the same symptoms and lesions as are found in human beings? If not, they must be studied out for animals as they have been for men. The susceptibility of animals to certain infections is easily recognized; for instance, to erysipelas, suppuration, anthrax, tuberculosis, glanders, and others. Some animals are apparently entirely refractory to one or more diseases to which others are very sensitive. Moreover, it is not sufficient merely to show that inoculation with pure cultures will kill an animal; it may have died of a sapremia, septicemia, or ptomaine poisoning, not of a specific disease from which the organism was obtained. For there are organisms which are not known to have a constant causative relation to any specific disease, which, nevertheless, will produce pronounced toxic effects when inoculated.

To illustrate the difficulties in this matter:

It was at first found that feeding with cultures of the common bacillus of cholera would not injure animals. The result was, great doubt and even ridicule thrown upon it. Some skeptics even offered to swallow any quantity themselves. These facts are fresh in the minds of all. But the comma bacillus flourishes in an alkaline medium, and, following up this indication, it was found that inoculation directly into the duodenum gave very pronounced results. Finally, after washing the stomach, injecting a sterile alkaline solution, lessening peristalsis by opium, and then feeding or injecting through a tube, the comma bacilli show themselves anything but the harmless beings once supposed.

It is well known that an organism has been identified in connection with typhoid fever, and is generally supposed to be the cause of that disease. But it is still uncertain. Koch himself has recently, I believe, taken this position; that while the Koch-Eberth bacillus is probably the specific germ, the final demonstration has not yet been reached. The reason of this uncertainty is the unsatisfactory character of the inoculation experiments. For it is not yet known whether animals are subject to this disease; they may die from the artificial infection, but it is not certain that a group of symptoms and lesions can be identified in them, constituting a specific disease uniformly resulting from the typhoid poison. This question, then, of the relation of animals to the infectious diseases is evidently one of importance in bacteriological investigations, and the uncertainties connected with it furnish an obstacle which is often deplored. Obviously also, as the work progresses, here must open fields for painstaking and interesting research. Incidentally these researches may throw a valuable light upon veterinary medicine.

Is each of the infectious diseases due to a single and constant, a specific, cause? From the evident uniformity in their phenomena, it is generally believed that this is true; and, for most of them at least, the supposition is in all probability correct. Yet there are some facts which have seemed to throw doubt upon this belief, and in its present condition bacteriology can not answer the question with absolute certainty. Two organisms, for instance, have been identified in connection with croupous pneumonia—that of Friedlander, and the Sternberg Pasteur-Frænkel micrococcus. It is claimed that by inoculation with each of these a more or less typi-

cal exudative inflammation of the lungs has been produced. But they do not satisfy the postulates of Koch. Neither has been found constantly in pneumonia, and both have been found under other conditions. So true is this that Frankel has called one of them the microbe of sputum septicemia, rather than of pneumonia. A similar condition of uncertainty exists in the bacteriology of diphtheria.

Such experimental results as these, even though there still be much doubt about them, at least raise the question whether some of the supposed infectious diseases may not be due to more than one cause; whether, to put it concretely, an acute, self-limited, exudative inflammation of the lungs, such as characterizes pneumonia, or such lesions as belong to diphtheria, may not be produced by more than one agent. Probably not; yet it must be said that recent bacteriological work has opened the question, and has left it still open.

Allied to this is the interesting inquiry whether a pathogenic micro-organism may, in different localities and under different conditions, produce apparently different diseases. A connection between erysipelas and puerperal fever has long been suspected, and recent research has strengthened this suspicion. Various authorities have asserted, on the basis of experiment, that the Fehleisen streptococcus of erysipelas would produce puerperal fever, and that the streptococcus often found in the latter disease would produce erysipelas. Some believe, partly because of these facts, and partly because of the close resemblance in the organisms, that they are the same. Certain it seems, however, that an organism which would produce erysipelas has a number of times been cultivated from childbed fever.

The question of the durability of infectious material is one which has long interested and often puzzled the profession. It is not strange that it should have been almost constantly under discussion, for it confronts us daily as practicing physicians, and is of great importance in the broader sphere of preventive medicine. To illustrate: When may children return to school from a family in which an infectious disease has been prevailing? If tuberculosis is in infectious disease, how long does tuberculosis matter remain dangerous?

It would not be at all true, nor fair to say, that all our present knowledge on this subject has come from bacteriology? Far from

it. Much of it is the result of that painstaking observation and study which prevailed in former days. But much is the product of the last few years; and in this connection it is to be noted that progress of late has been upon more definite lines. If the infectious diseases are due to living things, this question resolves itself chiefly into a study of those organisms. A specific germ being identified, the question, How long may the poison of this disease continue as poison, becomes How long may this germ last? The investigation evidently centers at once upon a more definite point. How long, then, may bacteria live? The answer is, it depends upon certain conditions; and it is the discovery of the germs themselves and increasing knowledge of the conditions upon which their life depends, which has brought us closer to a solution of this problem.

The life and growth of bacteria depends upon the soil on which they are placed, and the external influences to which they are subjected. Two groups of factors have, therefore, been studied in the effort to obtain more definite knowledge of the durability of infectious malarial, that is, tenacity of life of micro-organisms.

Elaborate investigations have been made of the relation between various bacteria and the media containing them, and thus has opened up a large field for the study of the growth and durability of bacteria in various food substances, in milk and in water. Thus in milk many find a congenial home; in water some retain their vitality for a long time, others soon disappear. But aside from culture soils certain conditions have much to do with the life-history of bacteria, the most important being temperature, moisture, and the presence or absence of air. Some grow only at high temperatures, that is at about body-heat; others at a much lower point. Some retain life in the absence of any notable amount of moisture, others quickly die when dried. Some grow only in the presence of air, others flourish without it; and hence the division into aerobic and anaerobic bacteria. Then, too, considerable study has been made of the destiny of bacteria in the body after death. The results are not as yet very conclusive, but the weight of evidence seems to be that many kinds of germs soon disappear. Esmarch has recently gone over this ground again, his conclusion being that just stated; an inference being that graveyards are not as dangerous as has been supposed.

Without following the details of this subject further, it may be said that our ideas of the durability of infectious material have become more definite, the lines of investigation have been much more sharply defined, additions of much practical value have been made to our knowledge, and we have reason to expect more light in the near future. To illustrate what has been done: It has been shown that the gonorrheal poison rapidly loses its virulence; after even a short period of drying outside the body it can neither be cultivated nor inoculated. On the other hand, the ordinary pus germs have been found to be very tenacious of life. Rosenbach, to whom we owe most of our knowledge of them, has found them active after two years in a culture-tube.

But far and away beyond anything in this line is the discovery that the essential infecting agent in tuberculous material may maintain its vitality for months even in a dried state, and not only its vitality but also its malevolent infectious character. Upon this fact is based one of the most important discussions which is at present agitating the medical and sanitary world.

Closely connected with this problem of the durability of infectious material, is the question, how and by what channels is it carried? Here again a large part of our knowledge antedates bacteriology. But the older methods were difficult, slow, and often uncertain, and not infrequently, while furnishing most valuable facts, left them without satisfactory explanation. I have already emphasized the fact that bacteriology has placed this and kindred investigations upon a more secure foundation, has laid down the lines more sharply, and given to means and methods a more definite aim. How this is true must be evident. A definite material thing having become known as the essential infecting agent; the methods of its identification, its life history and the conditions of its durability established, we at once know what to search for in the endeavor to trace the poison from place to place or person to person. Thus earth, air, water, foods, hands, instruments, fomites of various kinds, are made to yield their secrets, and are known as, not hypothetical but proven carriers of disease. To draw illustration again from the great scourge: If it be shown that the tubercle bacillus is the sinning agent in tuberculous material, that it exists in the products of the lesions, that it retains its vitality through

long periods under apparently adverse conditions, that it can be detected in its hiding places outside the body, and, with virulence unchanged, can be traced through clothing, milk, furniture, floors and dust,—if these things are true, is it to be wondered at that they have modified the older opinions, and are leading many to believe that we have come nearer to a solution of one of the medical riddles of the ages.

Among all the subjects which might be brought under the title of this paper, there is, perhaps, nothing more striking than the contrast between disinfection before and since the recent growth of bacteriology. Heretofore it has been, in some respects, almost like beating the air or fighting in the dark. Now, the general problem of disinfection has reduced itself to this: how most efficiently and with least danger to insure the destruction of disease germs. The second condition is important because many germicidal agents are active poisons.

Definite knowledge having been reached as to just what is to be destroyed, experimenters are at once able to drive at the heart of the first problem of disinfection:—what agents will destroy these bacteria, and what is their relative germicidal power. As the result of these studies bichloride of mercury stands at the head of chemical agents, heat of the non chemical; and perhaps the most important result of the investigation of disinfectants is the high place given to heat, not only in theory but in practice.

Another interesting and important set of facts has been brought out, as the result of which disinfectants have been classified, as to their activity, as follows: First, those which rapidly destroy both bacteria and spores; second, those which destroy mature bacteria but not spores; third, those which prevent the development of spores, and finally those which more or less retard their development. It will at once be seen that this classification is of more than theoretical interest. For, as is well known, many if not all of the chemical germicides are poisons. Their use, therefore, to the point of destruction of the bacteria might also result in destruction of the host. Obstetricians have learned this by some bitter experiences. It is, therefore, a matter of very practical value to know that below the point of lethal strength these agents may prevent or so far retard the growth of bacteria as to make their action truly disinfectant. It is well to remember

this, that it is not an irrational nor a useless thing to use weak solutions of disinfectants.

Another point which has been made clear is, that the relative practical value of these agents is not the same as their relative germicidal power, and that the strongest germicide is not necessarily always the best to use. This fact rests not solely upon the poisonous quality of some of the chemical disinfectants, but upon other grounds also. Thus, the bichloride of mercury, in the presence of albumen, is thrown down as an insoluble albuminate. This every one has seen in dressing a bleeding wound. Solutions of this substance, even when made with ordinary distilled water of the shops, may be much weaker than their users innocently believe. Hence the plan of adding such agents as ammonium chloride or tartaric acid to prevent this change.

Other things of minor importance are also to be taken into account in deciding the question of the practical utility of germicides, as their irritant, corrosive or staining properties, their cost, odor, solubility, etc. When we come to consider the question of disinfection of such substances as clothing, bedding, sputa and feces, it is evident that we are in a much better position to do effective work than our predecessors. We no longer confound deodorants and disinfectants. Every one who has read "The Innocents Abroad," will remember the picture of the unfortunate passengers, just landed from their ship, undergoing the horrible and probably quite useless fumigation. There is more than a suspicion that the deodorant properties of the sulphur were mistaken for disinfectant virtues. We smile at it now, but it was an honest effort.

Do we wish to know how best to disinfect a bale of rags from Italy? The bacteriological test is comparatively simple and certain. What method will render tuberculous sputum harmless? The test is the same. Will we learn how to purify the materials from a sick room? Look for the effect upon the agents of infection. The verdict over the pestiferous intruders—"Dead, for a ducat, dead," is worth more than all the odors which sulphurous compounds can emit.

The intimate relation between bacteriology and the question of the hereditary transmission of disease becomes at once evident, if the truth of the recent ideas as to the cause of the infectious diseases be admitted. If

bacteria are the sole exciting cause of certain diseases, if these maladies can not exist without their agency, then the hereditary transmission of such diseases means the transmission from parent to offspring of these bacteria. This by no means rules out the existence and importance of predisposing causes, but it brings the chief and most direct factor into the foreground, and limits the investigation to a narrower, more definite, and more pointed question.

Do bacteria or their spores pass from parent to offspring with the beginning of or during intra uterine life; does the fetus emerge from its mother's uterus with the germs in its body? The light on this question of heredity has heretofore come chiefly from a clinical rather than a pathological source. An immense mass of clinical facts has been gathered, but has not sufficed to settle the whole matter. Notably is this uncertainty true of tuberculosis, that disease in connection with which the study of heredity is of such importance. Many cases have been recorded which seem to prove that certain infectious diseases may be transmitted to the fetus, as small-pox and measles. Further, it seems to have been shown that the bacilli of anthrax may pass from the mother to the young in utero. We have, then, apparent proof of hereditary transmission of an infectious disease who bacteria, if such exist, are not known, and of one with whose bacteria we are thoroughly acquainted. It seems, therefore, not unreasonable to suppose—the supposition being strengthened by the well known clinical facts—that such a disease as tuberculosis may be acquired before birth. Parties are divided on this question, some holding the opinion expressed by Whittaker, that the supposed hereditary acquisition of tuberculosis resolves itself into the results of association of cases, in other words, post-natal infection. Others hold to the view which commonly prevails; while some endeavor to explain the facts upon the theory of which Baumgarten is the chief exponent, that the bacilli received by heredity often remain latent for months or years, springing into activity with the rise of conditions favorable to their growth. Evidently more light must be obtained before the problem can be solved, and bacteriology has stepped in with an offer of aid; first, by showing what is the actual cause of the disease, and leading in the search for this definite material thing in the body of the fetus. The greatest interest

has centred around tuberculosis, for obvious reasons.

I do not propose to enter here into elaborate details, but simply to indicate the lines along which the investigations have run. The search has been made by microscopic examinations, by cultivations, and by inoculation experiments. Thus, a number of female animals are inoculated with tuberculosis; they are bred if not already pregnant. Only the fetuses of such mothers as can be proven to have the disease are used. Their bodies being carefully protected from contamination, the following experiments are made upon them: They are examined microscopically, cultures are made from them, and portions of their bodies are inoculated into healthy animals. The cultures and inoculations are made in order that, if the bacteria should escape detection, the spores may not. On the strength of these researches some have claimed to prove the passage of the germs to the fetus; while some, conducting their studies with every precaution, have reached only negative results, and have believed that the apparent exceptions in the hands of others were due to contamination. A report made to the Paris Academy, about a year ago, was entirely negative, and this has been the rule. The well known case of Johnne, who proved fetal tuberculosis in a calf, stands alone unquestioned.

The end has not yet been reached. There are still claims and counter-claims, strong beliefs and influential skepticism. Certainly some of the infectious diseases seem to be transmitted by heredity. As regards tuberculosis, there has been an unmistakable growth of the opinion that the disease is to be looked upon as an infection, not an inheritance; that the ideas of its heredity have been much exaggerated; that it is comparatively rarely transmitted to the fetus, perhaps never. How much of the hopes of preventive medicine depend upon the truth of these opinions is at once apparent. Whether we shall fail to reach positive knowledge, and, opinion wavering, the pendulum shall swing again toward its former position, remains to be seen. In the meantime let us get a clear view of the facts already established, give due credit and appreciation to the sincere and earnest efforts for the solution of the great question, and, as practicing physicians, not forget the facts of clinical experience.

I have not in this paper discussed nor raised the question of the truth or falsity of

the germ theory of disease, nor entered further than was necessary into the details and technicalities of bacteriology. I have purposely avoided these things, in order that I might insist upon the idea that they are of secondary interest. Bacteriology is a study of pathology and the causation of disease, and of the problems which gather about these two great fields in medicine. It is only as we thus think of it that we shall be able to understand what it is and what it means.

Though we are and must be, first of all, practitioners of medicine, it is well for us now and then to stop and think what some of these things mean, and where we stand upon some of the great problems which are arising in our profession; to think whence we have come, and why, and whither we are going. Surely, if we preserve our balance aright, it need not make us less efficient actors if we keep ourselves somewhat in touch with the world of theory and of thought.

If my paper shall have succeeded in some degree in throwing, for the time, the laboratory, the microscope and the mere details of bacteriology into the background, and in placing in deserved prominence some of those living problems which should most interest the intelligent physician, should attract his attention, enlist his sympathy and engage his thought, its object will have been accomplished.

The Nature of "Nona."

From his observations of two cases of so-called "nona," both of which were fatal, Dr. Tranjen, of Sistova (Bulgaria), believes that the affection popularly described under that name, is really infective cerebro-spinal meningitis (*Berl. Klin. Wochenschrift*, No. 22). Both these cases exhibited coma rather than symptoms of cerebral irritation or paralysis. So-called "nona" would then be nothing but a cerebro-spinal meningitis of abnormal type, and the occurrence of such atypical cases after epidemics of influenza and pneumonia is, Dr. Tranjen thinks, easy of explanation. Even if the view put forward by A. Kuhn, that influenza is not a disease *sui generis*, but only a rudimentary or larval form of pneumonia, be not accepted, it is yet a fact that pneumonia is always largely increased during influenza times. It may be that influenza has the power of modifying micro-organisms or their soil, so that the diseases excited by it are often nearly unrecognizable.—*Lancet*.

The Indiana Medical Journal

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NATIONAL ASSOCIATION OF MEDICAL COLLEGES.

During the recent meeting of the American Medical Association, at Nashville, Tenn., there was a meeting of delegates from fifty-five medical colleges, who organized an association, to be known as the National Association of Medical Colleges. The object of the Association was to adopt a more complete and graded curriculum of studies, longer annual courses of college instruction, and a fair standard of general education, before entering upon medical studies. After discussing the matter, the following propositions were adopted:

1. That the colleges represented in this association adopt three graded courses, of not less than six months each, no two courses to be given in the same year.

2. That both oral and written examinations be required of all students.

3. That laboratory instruction in chemistry, histology and pathology be required.

4. That the colleges belonging to this association demand the following examination of all applicants for matriculation, viz.: A

composition in English of not less than two hundred words; the translation of easy Latin prose, provided that students be allowed one year to make up any deficiency in regard to this item; an examination in higher arithmetic and in elementary physics.

It is provided, however, that candidates who are graduates or matriculates of recognized colleges of literature, science and art, or graduates of normal schools supported by the different States, be exempt from the provisions of this examination. It is furthermore provided, that it shall be the duty of the secretaries of the various colleges composing the association to transmit, on request, to the secretary of this association a list of all the matriculates, together with a copy of all questions propounded at the matriculation examination. It is also provided that all the matriculation examinations be in writing, and when requested the original papers shall be furnished to the secretary of the association.

5. That the adoption and enforcement of the above requirements by a college be necessary to the admission of said college to this association, or to its continued membership in the same.

6. That the above requirements be enforced with the matriculates of the session of 1892-93.

7. That each college in this association be assessed annually the sum of five dollars, to defray necessary expenses.

The first three propositions were adopted without opposition, but at the request of some of the colleges, who wished further time to prepare for the enforcement of the fourth, it was agreed that they should be allowed two years before carrying it into effect. The adoption of these propositions, provided they are enforced in good faith by all parties to the agreement, will result in a great advancement in the cause of higher medical education.

While we are not disposed to question the good faith of the representatives of all the colleges that have entered into this compact, yet we would suggest that the secretary of the association should not fail in a single instance to require each college to forward to him the "original papers" containing its matriculation examinations, and to use all

other means in his power to ascertain beyond question that each college belonging to the association is carrying out the letter and spirit of these resolutions.

There are many ways by which a college may seemingly carry out the provisions of these resolutions, and yet avoid them. In the "Preliminary Announcement" of one of the Indianapolis medical colleges, which we are informed belongs to the association, it is stated that "arrangements are made for holding this examination in parts of the country at a distance from Indianapolis." [Preliminary Examinations.]

Now, it is not our intention to accuse this institution of attempting to avoid compliance with the rules of the association, but we submit that no more ingenious way could be devised for this purpose. We, therefore, make the suggestion to this institution that its proposed examinations "in parts of the country at a distance from Indianapolis," is of doubtful propriety, and if persisted in will give just grounds for suspecting that it is not acting in good faith.

A Method of Artificial Feeding.

Dr. George B. Fowler, in the *Medical Record* of July 12, strongly condemns theoretical treatment of the diarrheas of children, based on the microscopic examination of feces and bacterial cultures, which have as yet added little to our therapeutics as applied to internal medicine. In resorting to artificial food for infants a food must be prepared which is nutritious, easy to prepare, and its physical condition and chemical characters must be adapted to the delicate conditions which it has to meet. The only trouble with cow's milk is that it is designed for a more perfect animal than an infant. The calf is born with a far greater physical development than the human offspring; hence the important difference between cow's and human milk—the excess of casein—which forms a too firm and insoluble clot to be easily digested by the infant. To modify the solidity of the

casein clot, and to adapt cow's milk to the delicate requirements of infants and invalids, he gives the following directions:

"Put four tablespoonfuls of rice into three pints of water, and boil half an hour; then set aside on back of range to simmer during the day, water being occasionally added by the cook to maintain the original three pints. At night strain through a colander and place on ice. When cold a paste is formed. Three tablespoonfuls of this paste are added to each nursing-bottle (half pint) of milk and fed during the next day, a fresh supply of rice paste being under way in the mean time. Should there be constipation I use farina, prepared in the same way and used in the same proportion. Rice is astringent, farina laxative."

Dr. Fowler believes, from a series of experiments with these pastes, that the hydrated starch granules interpose themselves between the particles of casein, and prevent the formation of solid clots. By this process we do not dilute the cow's milk, but on the other hand soften it, and add a constituent (carbohydrate), in which compared with mother's milk it is weak. Dr. Fowler says that no fear may be had but that starch thus treated will be digested by a child of three or even two months.

Microscopical Examination of Urine.

To facilitate the microscopical examination of urine, the *Lancet* says: When attempting to examine urine under the microscope, for casts, epithelial cells, and other organic bodies, a good deal of annoyance and difficulty is sometimes caused by urates, and also when the specimen is not quite fresh, by fermentation and putrefactive products. In order to obviate this difficulty, and with the further view of preserving the specimen, Dr. Wendringer advises that the urine should be mixed with a nearly saturated solution of borax and boracic acid. This dissolves the urates, and keeps the urine from fermenting, and at the same time exercises no destructive effects upon the casts and epithelial elements which it is desired to examine. The solution is prepared by mixing twelve parts of powder-

ed borax in one hundred parts of hot water, and then adding a similar quantity of boracic acid, stirring the mixture well. It is filtered while hot. On long standing, a small deposit crystallizes out, but clings to the side of the vessel, so that it does not interfere with the transparency of the liquid. The urine to be examined is put into a conical glass, and from a fifth to a third of its bulk of the boracic solution added to and agitated with it. The urine will be found to have become clear in a short time, i. e., if there is no cloudiness due to bacteria; and it will remain unchanged for several days. If it is only wanted to clear the urine and to make it keep for a day or two, the addition of a smaller quantity of the boracic solution is sufficient. If a third of its bulk is added, no fermentation or putrefactive processes take place, even if the glass is left uncovered in warm places. Albumen, too, if it exists, is not coagulated. The organic elements, such as epithelial cells, casts, blood corpuscles, etc., collect so quickly without undergoing morphological change, at the bottom of the glass, that the first drop taken up by the pipette usually proves a satisfactory specimen.

A Chinese Fraud and his Manager Arrested.

C. A. Wilt, the manager of the Milwaukee branch of the Gun Wa fraud, together with Jim Lee, who plays Gun Wa, and C. A. Jensen, an alleged physician, have been arrested and placed under one thousand dollars bond for swindling. The originator and manager of the Gun Wa system is one F. L. Smith, of Denver, who gained previous distinction as an agent for the Louisiana State Lottery. So says the *American Tribune*, and it asks the question, "How long before the Indianapolis Gun Wa will fold his tent and disappear?" It may be confidently said that he will not disappear till all the fools are dead, all the newspapers become honest, and the courts lose their corruption.

By the way, this reminds us that the *American Tribune* is the only paper in Indianapo-

lis, so far as we are informed, that has not polluted its columns with the Gun Wa advertisement, and for this it deserves the thanks of the profession and people throughout the State. Now if the *Tribune* will banish from its columns all the other vile advertisements which pollute its columns, such as "Manhood Restored," etc., it can circulate among its constituency without a blush.

The Greater Portion of a Man is Purely Animal.

In his new book, "In Darkest Africa," Stanley says: The more experience and insight I obtain into human nature the more convinced do I become that the greater portion of a man is purely animal. Fully and regularly fed he is a being capable of being coaxed or coerced to exertion of any kind; love and fear sway him easily; he is not averse to labor, however severe; but when starved it is well to keep in mind the motto, "*cave canem*," for a starving lion over a raw morsel of beef is not so ferocious or so ready to take offense. Rigid discipline, daily burdens, and endless marching into regions of which they were perfectly ignorant, never seemed to gall our men much when their stomachs were pampered and abundant provender for their digestive organs were provided; but even hanging unto death was only a temporary damper to their inclination to excessive mischief when pinched with hunger.

The Indiana Eclectic Medical Association has repudiated the Eclectic Medical College, which, for a number of years, has sustained a precarious existence in Indianapolis. The immediate cause of this action of the association was one W. P. Atkinson, a whilom lawyer, who it seems had by some means secured a majority of stock and proceeded to elect himself dean of the faculty. The college, it seems, could tolerate Atkinson as the Professor of Medical Jurisprudence, and even went so far as to give him the degree of M. D., but when he aspired to the office of the Royal

Grand High Cockalorum of the institution, that was quite another matter, and all the other fellows kicked with a great big kick. The institution has never at any time arisen above the grade of a third rate school, and it is to be hoped that the present difficulty will partake somewhat of the nature of the celebrated Kilkenny cat-fight.

NOTES AND COMMENTS.

Dr. John Chambers has returned from Europe, whither he went one year ago on account of failing health.

Dr. J. C. Sexton, of Rushville, Ind., writes: "The JOURNAL is quite lovely in her new dress. I congratulate you"

Drs. John A. Cominger and W. B. Fletcher have asked the courts to appoint a receiver for the Medical College of Indiana.

The American Association for the Advancement of Science will hold its annual session in Indianapolis, August 19, 1890.

Dr. F. H. Brown, of Boston, has invented an apparatus that enables deaf persons to hear public speakers.

The trustees of Depauw University, after mature deliberation, have concluded not to locate the medical department of that institution in Indianapolis.

Dr. Frank Blair, of Princeton, Ind., gave the editor a pleasant call recently. The doctor is just from Germany, where he has been further perfecting himself in his profession in the hospital clinics.

The *Medical Standard* says:—"The evils of unlimited medical charity are more than equalled by those of contract practice, whereby corporations are benefited at the expense of the community and of the medical profession. The disgraceful 'expert' testimony so frequent in railroad cases is due to this disgraceful system, which makes the medical employe of the mining or railroad company but too often its bond slave.

Practical Medicine.

CONDUCTED BY THEODORE POTTER, M. D.

Hydrophobia and Hypnotism.

Our French brethren are nothing if not excitable and enthusiastic. They have had their Revolution, their Consulate, their Empire and their Republic, and now they have hydrophobia and hypnotism, and they have them both badly. What a strange thing it is that, in spite of apparent proofs to the contrary, in spite of the mountains of theory and the oceans of treatment, there are those who still doubt the existence of such a specific disease as hydrophobia in man. However this may be, there is agreement upon several things. First, that the disease is at most very rare; second, of those bitten by supposedly rabid dogs, the great majority suffer from nothing more than the wound and its ordinary consequences.

Whatever the value of the Pasteur treatment—and it is still *sub judice*—there can be no doubt that it has very much increased the number of spurious cases. We now have a Pasteur Institute in this country, and it is already furnishing our wide awake newspaper friends material for their summer sensations. The hydrophobia scare is with us, and we shall have to endure it till it wears itself out. In the meantime it will probably reduce the revenues of the madstone folly, and even Christian Science will not suffice to keep the poor frightened wretches from fleeing to New York. The cultured Manhattan and the wild, wild West shake hands over the madstone and the Institute, and call it square. If Boston wishes to realize the thingness of the here and join the combination, she may bring along Miss Alcott's pure and undefiled Hahne-mannism, the mind cure from which that all too cultured lady retreated, and any of her other show things. We do not feel disposed to find fault because we have a stone which those Institute builders rejected, nor shall we shoot any beans at Boston because she seems disposed to endure so much "fooling."

Now is the time to pool our griefs and weep together.

But seriously, is it not a pity that, in order to test the scientific value of a theory, a sensational exhibition should be made of medicine, and a lot of persons quite free from danger should be thrown into paroxysms of the horrors. If we must go through this experience we can at least use our influence to mitigate its terrors, and, above everything else, cry aloud to the man with the pistol, *don't kill the dog*.

P. S. We were going to say something in this connection about the Brown-Sequard Elixir of Life, but the more that is known of it, the more evident it becomes that the Frenchmen were quite innocent, and the Americans made the greater exhibition of themselves in the matter. We, therefore, retreat and leave this field for a few remarks on

HYPNOTISM.

Do not erect your hair, good brother St. Louis, nor reach for your pistol pocket. You are ahead of New York and Boston in hypnotism, and Chicago can not touch you in the matter of putting people to sleep. We do not wish to deny the truth in this medical Miss *Nancy*, nor its field of usefulness; though Dr. Hunter McGuire says it is a foolish old re-furnished relic, and H. G. knows most everything beyond the line.

After a while we shall know just how much good there is in it, and how best to use the good and exclude the evil. All credit then to those who are seriously, honestly and intelligently investigating it, and trying to rescue it from the hands of charlatans. Already the notes of warning have been sounded, and it has been declared an agent capable of harm as well as good, an agent to be used only with the greatest discrimination and the cleanest motives. So true is this that laws have been passed in several European countries, forbidding public exhibitions by any one, and restricting its use to licensed physicians. Under such safeguards little harm can be done, and much good may be evolved.

But suppose it should break loose as an

epidemic in this country—this blessed country where medical quackery and fraud flourish like green bay trees, where 'isms and 'pathies are at home, feast, grow fat, and get gold—suppose it should sweep down upon us as a fad and *fasten upon the ladies!* Shades of Samuel Hahnemann, with his hundredth centesimal! Ghost of Mrs. Eddy, with her intellectual potency run to infinity! Contemplate for a moment the havoc which might be wrought by some transformed spinster who has made a failure at millinery or dressmaking, but who is quite at liberty in this and other States to practice the healing art. Starting as a disciple of the old-fashioned, Simon pure, uncontaminated homœopathy of the star-splitting kind, she passes by natural gradation into a soul-inspiring herald of the faith cure, and at forty is found complacently teaching the philosophia ultima of Christian Science.

"Lo, the poor Indian, whose untutored mind
Sees millions of wealth in three of a kind."

Let her now but become a hypnotist. Then shall be fulfilled that which was spoken by the prophet: A man's foes shall be those of his own house. We do not mean to slander the ladies; they are the noblest creatures on earth, and we love them all, especially those of Boston and Indianapolis; but they do so dote upon being humbugged.

No, we are not yet ready for hypnotism in America; Boston might stand it—she is accustomed to "those kind of things," and anyhow the business of Athens is to see and hear and try and approve and pass along some new thing to the provinces; but the rest of us could hardly survive it. If the good women of America have the interests of their sisters at heart, let them gather upon the Eastern shore from Cod to Hatteras and shew back this possible quack-breeder and hysteric-cultivator from our coasts. Our women are stormed at with shot and shell too much already; they need time to rest and outgrow the parasitic isms already afflicting them. And, moreover, the men have not yet entirely recovered from the Elixir.

Erysipelas.

The results of the study of this disease, during the last few years, has been to clear up largely the mysteries of its causation and to add to our knowledge of its pathology. The microbic origin of erysipelas has been demonstrated, but there is still some difference of opinion as to whether it is the product of a single, specific germ. There is a very peculiar resemblance between the streptococci of erysipelas, discovered by Fehleisen, and the streptococcus pyogenes. Inoculation experiments alone seem to show a marked difference.

There are many authorities, including Fehleisen, who hold that the streptococcus of erysipelas is not a pyogenic microbe, and, therefore, that pure erysipelas is not and can not be a suppurative lesion. They rule out entirely so-called phlegmonous erysipelas as due to mixed infection or secondary infection, and the proof seems abundant that in these cases other known pyogenic bacteria are found in addition to the erysipelas coc-
cus. So long as any uncertainty remains, it is safest and probably nearest the truth, as Senn says, to hold with Fehleisen that pure erysipelas is not a suppurative disease.

Inoculation experiments have brought out another point of considerable practical importance, namely, that the period of incubation is within three or at most four days. Thus if the disease develops after operation or vaccination within this period, it may have been introduced at the time of operation, otherwise not. So if erysipelas occurs more than four days after vaccination, we are warranted in asserting that it was not due to contaminated virus, hands or instruments.

Under the stimulus of the increase of knowledge concerning erysipelas, a number of new treatments have recently been proposed and tried. Several of these, by reason of their character or origin, are worthy of notice:

Wolfer surrounds the diseased area by strips of adhesive plaster, put on a short

distance beyond the advancing margin, and so applied as to make considerable pressure.

Koch has used with good results in a number of cases an ointment of creolin 1, iodoform 4, lanolin 10. After applying the ointment the parts are covered with gutta percha sheets, and over all a tight bandage.

Hueter injects three per cent. carbolic acid in absolute alcohol and water into the healthy skin around the disease, a number of punctures being made, and a total of a drachm or more of the solution used at once. Few patients will endure the pain of this method of treatment, and it is to be reserved for severe and threatening cases, especially of the face. If thoroughly done it does seem to stop the progress of the disease.

Rosenbach scrubs the parts thoroughly, and applies a five per cent. solution of carbolic acid in absolute alcohol. It is claimed that this rapidly reduces the fever, and puts an end to the disease.

Lauenstein, *Kuhnast*, *Kraske* and others make crossed linear scarifications in advance of the disease, applying a dressing kept constantly wet with five per cent. carbolic acid or a bichloride solution. If done thoroughly it is said to stop the disease beautifully, the proximal scarification lines marking its limits.

After all, however, we are not to forget that erysipelas is usually a comparatively mild and harmless disease, and the great majority of cases recover under any treatment or no treatment. This fact puts a heavy discount on the value of the specifics.

Treatment of Phthisis.

Dr. Jos. Drzewiecki, in the *Satellite*, says: In my practice I have successfully employed for three years the following method:

1. I endeavor to nourish the patients well, and for this purpose use milk, milk with rice, gruel, soft eggs, oysters, and fruits; I forbid intoxicating drinks.

2. I make inhalations every two hours for ten minutes by means of a very simple apparatus consisting of a bottle with a large base and narrow neck, closed by an India-rubber

cork with two glass tubes, the long one nearly touching the bottom and the short one connected with India-rubber tube, at the end of which is a glass mouth-piece. Enough water is poured into this apparatus to allow the longer tube to stand about half an inch in it, and to the water is added from ten to fifteen drops of volatile oil; as, for instance, pumilene oil, peppermint oil, eucalyptus, etc. I find that patients best tolerate and like the first two oils. Inhalations must be made slowly and deeply, but without force. The advantages of such treatment are the following:—(1) the patient, by inhaling deeply, exercises the lungs; (2) he ventilates them better; (3) he introduces with the air a small quantity of volatile oils, the favorable effect of which on the mucous membrane has long since been proved; (4) such treatment does not injure digestion, as does the internal use of the drugs.

By the above treatment I have obtained very satisfactory results, even in very desperate cases, such as (a) an exhausting cough diminished; (b) the quantity of sputum diminished considerably; (c) undoubted improvement was felt by the patients; (d) the laryngeal pain ceased; (e) and, although local changes in the lungs remained unaltered, yet the rales disappeared very quickly; (f) in the majority of cases the general health of patients improved; (g) I have never observed any bad effect from the above treatment, even with persons subject to hemorrhage.

These results I base on twenty-seven cases, closely watched, and I may add that in this number were three cases given up by my colleagues, which afterward improved considerably. A similar treatment of phthisis was some years ago and is still advised by the Russian professor, Kremianski. For inhalations he formerly employed aniline oil, but now (if I am not mistaken) employs turpentine, eucalyptus, and other volatile oils, and the results are quite the same as mine. It is strange that the Russian physicians, in spite of several lectures by Kremianski at the Congress of Russian Physicians, do not pay any attention at all to his method. Kremianski claims that by his inhalations the tubercle bacilli are killed, and in this manner the disease is cured. As we have seen, this view is erroneous; the improvement in the health of the patients being due to another cause, as we have already shown, viz., the better ventilation of the lungs and their exercise.

As to chronic catarrh of the larynx and

also chronic bronchitis, accompanied by bronchorrhea, I do not know any remedy which in such a short time produces such great effect as the above inhalations.

I would be very glad if some of the readers of the *Satellite* would make a trial of it in some of the American hospitals, especially in apyretic cases of phthisis, in which the best results may be obtained. The method is easy, agreeable, and most important of all not dangerous.

Renal Complications in Whooping-Cough.

Some time ago Dr. Stefano Mircoli pointed out that he had several times observed renal complications in whooping-cough. Thus, on one occasion, among ten children suffering from the disease, nephritis occurred in two cases, one of which died. The necropsy left no doubt as to the existence of the renal affection. During another outbreak, among thirty-five cases nephritis developed in four. Two of these died, and in one a post-mortem examination was made. The kidneys were examined microscopically, and were seen to be in a condition of severe parenchymatous nephritis. No micro-organisms could be seen. Recently Dr. Mircoli has brought forward additional evidence on the subject. In a recent epidemic at Monterubbiano, of twenty-four patients, three died, one from suppression of urine, another from suffocation in a paroxysm of coughing, and a third from marasmus. In the two latter cases, although during life there were no symptoms of renal affection, on post-mortem examination venous stasis in the kidneys with commencing albuminuria was found. There was also a considerable amount of hemorrhagic infiltration. Cultures of the kidney tissues gave negative results. Dr. Mircoli believes that the renal affection is due to venous stasis caused by obstruction of the vena cava through the violent paroxysms of coughing. According to him the kidney is affected, in whooping-cough, in twelve per cent. of cases occurring in children.—*Times and Reg.*

Carcinoma Produced by Inoculation.

Dr. Hanan, of Zurich, reported in *Vienna Kongress f. innere Medizin*, the successful inoculation of carcinoma, using rats for his experiments. He introduced portions of metastatic adeno carcinoma into the cavity of the tunica vaginalis of the scrotum. In this way he repeatedly succeeded in obtaining ex-

tensive carcinosis. Histological examination demonstrated the complete similarity of the original material and the experimental results. Former attempts failed because animals were inoculated with human material, ulcerating carcinomata or carcinoma fluid was used, or too young animals were chosen for experimentation.—*Weekly Med. Review.*

Obstetrics and Gynecology.

BY FRANK C. FERGUSON, M. D.

The Electrical Treatment of Salpingitis and Allied Conditions.

Dr. G. Betton Massey writes as follows in the *Medical and Surg. Reporter*, July 19:

Before offering what I have to say on the electrical treatment of salpingitis, there are certain preliminary statements, relative to this disease and its treatment, that are forced upon me by the extravagant position of certain members of the profession.

I wish first to affirm that there is no evidence that justifies the assumption that this condition is a dangerous one. In neither stage of its existence, from the catarrhal inflammation that has involved the mucous membrane only slightly, to the hypertrophied and distended tube filled with muco-purulent material, is there a menace to the life of the individual. The statement is made by those who resort freely to capital operations, that a woman with such an accumulation within her is in danger of rupture and death from peritonitis. In answer to this I will quote a few sentences from a recent lecture by Dr. Morris Longstreth, one of the physicians to the Pennsylvania Hospital. "This specimen [a cystic tube] illustrates what I believe is the end to which all of these inflamed Fallopian tubes would come if they were let alone. The active inflammation closes the openings of the tube, and lymph and pus are thrown out into the tube and accumulate there. When the tube becomes full, the blood supply is interfered with from the pressure within the tube, the thick product undergoes a mucoid degeneration, and a large cystic tube is produced, larger than it was when the pus was in it. In tubes like these, which have become wholly cystic, and in those in which suppuration is still going on, microscopic examination reveals that they are not pus cavities, as is claimed by some gynecologists,

but that they are lined with perfectly healthy mucous membrane, lined in many cases with columnar cells. Therefore this process is not a true suppuration. Many gynecologists remove these tubes, urging as their reason for so doing that there is great danger that the inflammation will spread from the tube and reach the peritoneum, and there light up an inflammation which will produce certain and speedy death. This would be true were the process in the tube a true suppuration; but it is not, and there is no such danger to be dreaded. The records of this hospital for twenty years past do not show any death from the bursting of these suppurating tubes, or from peritonitis arising from this condition."

Such is the statement of the pathologist of one of the most active hospitals in America. I am convinced that those who have formed a different opinion as to the danger of "pus tubes," have permitted themselves to mistake pelvic abscesses arising in the connective tissue for intra-tubal collections. The assumption now common that all pelvic abscesses are tubal in origin involves a complete disregard of the existence of lymphatic vessels and glands in the pelvis. I can not believe that these absorbing and draining vessels fail in this region to perform the duties discharged by them in other parts of the body; and there can be no question that many abscesses arising in a poisoned and softened gland have been incorrectly attributed to the tubes. In a conversation recently, Dr. Formad, the well known pathologist and corner's physician, of Philadelphia, admitted to me that a considerable proportion of the cases of this nature seen by him post mortem, showed signs of having originated outside the tubes. True abscesses of this nature are of course dangerous and necessitate surgical intervention. They have nothing in common with the distended tube, and it is my belief that they may be largely differentiated from them by attention to the temperature. Eliminating the cases of pelvic abscesses, then, from those presenting distended Fallopian tubes, it will be seen that a condition is left in which it is safe for the physician to attempt to restore the functions of the part before consigning the patient to the dangers and uncertainties of an abdominal section and the limbo of a neutral sex for the remainder of her life.

The advocates of early operation, again, have placed themselves in an awkward position by dwelling also on the difficulties in

the way of exact diagnosis. The two positions seem to me incompatible; but that the operative furor leads to such discoveries of diagnostic errors there can be no doubt. I have myself seen patients from whom ovaries had been removed for colitis, lateral spinal sclerosis, spinal meningitis, locomotor ataxia, gummata of the spinal canal, neuralgia, neurasthenia, Basedow's disease, and a host of other nervous affections; the condition of the patients subsequent to such unwarrantable mutilations being of course most deplorable.

If it is true that we can not diagnosticate this disease with accuracy, we should, in justice to the patient, adopt a line of treatment suited to all the conditions that can not be excluded; and while it has been my experience that electrical treatment is more effective in the inflammatory troubles than in the nervous affections mentioned, in none of them is it contra-indicated, and in many it may be either curative or beneficial.

In considering the methods by which a salpingitis may be cured we should examine somewhat into the nature of the process that results in a simple catarrh of patulous tubes, or in the muco-purulent collections that form when the tubal extremities are occluded. It may be taken for granted that no case of catarrhal salpingitis arises within the tubes *de novo*. All such inflammations ascend along the mucous tracts, and before the salpingitis we necessarily have an endometritis. Adopting the same order in our curative effort, we should first aim to subdue the active or latent endometrical inflammation, initiating thus a reparative process which will extend upward of itself. This, at least, seems to be the explanation of some typical results that I have recently had, in which negative galvanic applications to the uterine cavity were followed by discharges of pus from pus tubes and subsequent normal pregnancies.

To accomplish this result requires some circumspection, as it is well known that intra-uterine applications are apt to relight the slumbering fires of even subacute conditions, and it is my practice to temper such conditions first by negative vaginal applications, twenty-five to sixty milliamperes, before employing the intra-uterine treatment. The intra-uterine dosage should begin with ten milliamperes, to be subsequently increased if necessary. If the salpingitis is of the kind that is more properly called a salpingo-ovaritis, presenting great tenderness in the region of the appendages and an accentua-

tion of the normal outlines of the pelvic contents, but without definite sign of uterine catarrh, the treatment should not be extended beyond the vaginal variety, and will almost invariably meet with the happiest results.

One case of success of this nature is worth many cases of success after ablation of the parts. For the details of two cases followed by normal pregnancies I refer to a paper in the *Annals of Gynecology*, February, 1890. Numerous other cases may be cited, as it is my experience that at least fifty per cent. of such tubes may be made patulous by producing resolution in the inflamed mucous membrane. Whether or not such a proportion will remain free from subsequent attacks, depends entirely upon the observance or the neglect of hygienic regulations that are often difficult to enforce.

In cases in which caution is advisable in the intra-uterine applications I have found that less immediate irritation followed when the electrode was not passed quite to the fundus, being inserted but one and a half inches or two inches. Mild purgation, seclusion, and rest are important adjuncts to the treatment; and in no distinctly local disease are the approved methods of treating neurasthenia more applicable as a help.

Peritonitis in Women.

The *Boston Medical and Surgical Journal*, June 26, contains an abstract of a paper read before the Maine Medical Association by Dr. S. C. Gordon, in which he spoke of peritonitis in women as compared with that in men. He stated that while in the case of men peritonitis was usually fatal, in women the reverse was true as a rule.

The point was made that ulcerative appendicitis was much oftener the cause of this affection in males than in females, and that many of the cases of this disease attributed to women by statistical reports were really peritonitis from inflammatory affections of the sexual organs. The close proximity of the Fallopian tube of the right side to the appendix vermiformis renders the latter liable to frequent involvement in peritonitis coming from the tube, and the general and local symptoms are so nearly alike, that unless this element of tubal cause be recognized frequent mistakes in diagnosis and treatment will be made. Illustrative cases were cited. A striking feature in the differential diagnosis between peritonitis simulat-

ing true perityphlitis from perforation of the appendix or cæcum, is the remarkably low temperature in a large majority of cases; arising from the sepsis coming from the intestinal canal, because much less virulent and depressing to the nerve centers than that coming from the uterus.

In peritonitis from perforation there is usually the sudden attack of acute pain, violent retching and vomiting. In tubal cases there will be usually a history of discomfort and pain antedating the attack.

Hydrastis Canadensis in Menorrhagia.

Dr. Robert B. Barnes, in the *Atlanta Med. and Surg. Journal*, reports a case of menorrhagia, the flow coming on every two or three weeks, being very profuse and lasting eight or ten days, and accompanied with very violent pains in the region of the ovaries, with portions of membrane being thrown off, very closely resembling the decidua. After trying various remedies for the patient's relief, only to find her at each visit growing worse, he dilated the cervix with a sponge tent and thoroughly curetted the uterus, removing considerable villous degeneration. He then plugged the uterus with cotton, soaked in the tincture of iodine, and made local applications of the tincture twice a week. Under this treatment she seemed to improve until the next flow, when her condition was worse than ever. He then gave her twenty drops of fluid extract of hydrastis canadensis one hour after each meal, and at eleven o'clock at night, in a wineglass of water. Under this treatment she is apparently recovering.

Plugging the Uterus.

The *Archives of Gynecology* quotes from the *London Medical Recorder* the case of a primipara, who, on the fifth day after a normal labor, was seized with a copious hemorrhage. Checked for a short time, it recurred more abundantly than before. The patient became blanched, covered with a cold sweat, with a feeble and rapid pulse. The condition of the patient was so menacing that having emptied the uterus of clots, and with every

possible antiseptic precaution, the doctor plugged the uterus with iodoform gauze. The hemorrhage ceased at once, and the fatal issue was averted. On the following day the gauze was removed; it was stained throughout with blood, but had no bad odor. No recurrence of the hemorrhage took place.

Treatment of Incontinence of Urine in Women.

In case of irritability of the bladder following cystitis in elderly females, the irritability has been found to be due to a reduction in size of the interior of the bladder, caused by a hypertrophy of the muscular coat. It may be happily treated by a gradual dilatation by means of water introduced through a silver catheter. The water should be tepid. The injections should be repeated once daily; a Higginson syringe should be used. Thus treated, a bladder which can retain two ounces of fluid may, at the end of three months, be enabled to bear eighteen. After the bladder has reached a certain degree of distention the incontinence ceases. This method may also be, and has been, used with success in the incontinence of urine in children.—*Annals of Gyn. and Obstet.*

Treatment of Hemorrhoids in Women.

In cases of lax and indolent hemorrhoids no treatment is necessary, also nothing need be done when they are dry and verrucous. If they swell during the crises, the pain, uneasiness and itching may be calmed by rest, a frugal diet, saline purgatives and cold injections, which relieve the constipation.

In case the patient is suffering from the oozing variety, then she should be put to bed, and compresses applied locally soaked in either a solution of subacetate of lead, sulphate of zinc, or glycerine, to which tannic acid has been added, or a pomade of calomel may be used.

If the hemorrhoidal tumors should inflame the patient should remain in bed, while compresses of cold water are to be locally applied; ice bladders may also be used. If they ooze and ulcerate, they should be removed by the thermo cautery heated to a cherry-red heat; it, however, is not advisable to remove all these swellings in the anal region, for fear of causing a contraction of the orifice.—*Annals of Gyn. and Pediatrics.*

Cutaneous and Genito-Urinary Diseases.

CONDUCTED BY A. W. BRAYTON, M. D.

The Local Origin and the Early Diagnosis of Cancer.

Already there is discussion as to the priority of discovery of the bacillus of carcinoma. Rappini claimed the local and infectious nature of cancer as due to an external and bacillary source. He communicated his views to the Paris Academy in 1888. The whole subject is reviewed by Morris Longstreth in the "Annual" for 1889. Regarding the nucleus as the important part of cell growth and increase in normal tissues, he is led to believe that a nuclear fragment of a morbid cell separates from its parent, wanders off to an adjacent tissue or remote gland, and starts there a similar growth. Thus we have "cultures," not of micro-organisms but of the cells themselves. This is an old notion enough, and while it does not explain the cause of the primary perverted cell growth, it restricts infectivity to cell action instead of to specific germs.

Braithwaite answers the question, "What is Cancer?" by asking why proliferation of epithelial cells is malignant, when the proliferation of other cells is not so, and second, what is the cause of the proliferation. His answer is that epithelial cells are malignant when growing without a basement membrane, because then they have nothing to prevent their infiltration into surrounding tissues.

The epithelial growths get beneath the basement membrane and the mischief begins. (The writer is reminded of the cattle on the wild prairies pressing against the fence of the farmer until it gives way. The herd now "infiltrate" the growing crops, ramifying through the corn rows, the wheat fields and carrying destruction to the whole "organism" of the farm.) Braithwaite speaks of six conditions favoring this penetration, though it has never been witnessed under the glass, as we see the leucocytes pierce the capillaries and escape.

Now these notions are ingenious, but they do not get at the primary causes, and this is the great merit of the germ theories, that it explains first causes. A living, growing organism, using up the tissues of its host, and forming poisons (ptomaines) foreign to the host, and which it can not eliminate as it eliminates the normal excreta of nutritive processes (leucomaines), is a tangible thing. The battle is now on the earth and not in the clouds.

The germ theory gives order and discipline to our notions, and saves pathology from the inevitable bankruptcy which results from incoordinated impressions. We may tie to it in even those cases where the germs are not yet discovered as in syphilis and small-pox. It brings order and consistency to our studies; it is mental economy. Hence it is not to be wondered at that the tendency is to seek the cause of cancer in a microbe, external to the body.

Virchow, our greatest authority on the anatomy and clinical features of cancer, does not speak with great enthusiasm of the microbic origin of cancer. He says:—"The need of such an organism is not imperative, for *animal cells have just as much power as bacteria in metabolism*," and there is no reason in withholding from a cancer cell properties allied to those possessed by gland cells."

But though the great master gives no positive word as to the germ theory of causation, no one teaches more positively that cancer is primarily local and the dyscrasia a secondary result. This seems to the writer the most powerful argument that cancer is of infectious microbic origin. And, of course, Virchow advocates early and thorough removal. He says if cancer is for a long time a local disease, it must be possible in this time to heal it locally. He even advocates the use of drugs, mentioning especially the chian turpentine, and telling us we are too skeptical regarding therapeutic treatment. For whatever will hinder the formation of accessory and metastatic nodules, and assist the natural degeneration of the unstable cancer cells,

is the first aid in the cicatrization and healing of the cancerous growth.

Regarding the early diagnosis of cancer—the most important practical feature of the subject—Virchow states that in spite of the obvious advantages of the clinician for intimate observation, the clinical diagnosis of tumors ought not to be relied upon too exclusively, nor the attempt be made to classify on purely clinical features. “A clinical classification,” says Leucke, “must agree with the anatomical, since after all clinical knowledge depends upon anatomy and physiology jointly.” Virchow’s test of carcinoma is an “alveolar formation of connective tissue framework and cellular contents.” And so he reports on the fragment of the Crown Prince’s larynx sent by Mackenzie:—“The specimen does not show the arrangement of its tissues (alveolar framework with cell contents; that is epithelial cells out of their proper place of growth) that is characteristic of a carcinoma.” He always insists that from the mere clinical facts the character of the growth can not be known or the diagnosis determined.

In a case of supposed epithelioma, then, the first thing to do, and to do early, is to make a microscopical examination of a portion of the tumor from the depth of it, and not merely the encapsulating outside part or the surface scrapings. For the surface does not show the characteristic alveolar arrangement of the connective tissue framework with cells in the cavities. Where this is present operation is demanded at once, and if accessory foci are not formed the cure is assured. For the primary carcinoma is not a growth of long duration; its cells readily degenerate; the cancer may even not spread, may slough out and get well of itself. But we are so accustomed to regard them fatal, that if the patient recovers promptly after thorough removal, the diagnosis of the microscopist is liable to be doubted. Well does the writer remember a case referred to him by Dr. G. V. Woolen, in August, 1888, of a growth from the nose, which presented the structure

of epithelioma. It was an “atypical epithelial neoplasm;” it showed the alveolar framework and cellular contents; it was so regarded by Dr. Stillson, who was kind enough to examine some deep sections of it. It was very thoroughly removed by Dr. Woolen, and the patient given to understand its malignant nature and liability to return. But the patient went elsewhere, took more treatment, did not die, got well, and doubted the diagnosis. Had he gone on to death I think Dr. Woolen would have felt more positiveness of the diagnosis than he expressed at the time. But the man no doubt had carcinoma, and the thorough removal and cauterization following the dismal diagnosis, no doubt, saved his life. The lesson is that all doubtful growths should be early diagnosed and early removed.

Microbe of Cancer.

As to the probability of a cancerous microbe there is some clinical evidence, which, while it “does not positively prove this to be cause, points so strongly toward it that it may be said almost to settle the question.” Dr. Edmund Andrews (*Journal Amer. Med. Assoc.*), gives the location of 7,881 primary carcinomata as follows:—Lips 481, stomach 1,945, rectum 280, uterus 2,308, breast 1,232, face 327, and so on. He concludes that cancer is most common where spores are most accessible and lodge most readily; where there are deep glandular follicles, as at the pylorus and mammary glands. The face has more cancers than the entire covered surface, the lower lip more than all other portions of the mouth (481 to 951). The uterus has one-third of all on the body, and most uterine cancers are at the cervix; the female breasts 1,232, as the glands are open and exposed, while cancer is rare in the male breast, due to the tightness and dryness of the orifices of the milk ducts. The argument is detailed and tends to support the microbic origin of cancer.

Materia Medica and Therapeutics.

CONDUCTED BY S. E. KARP, M. D.

Jaborandi and its Uses.

In the year 1865, when jaborandi was introduced as a remedy by Dr. Langgard, it received but little attention from others, and even in 1874, when for a time it received an impetus, its virtues were not wholly determined. Its supporters, however, did not abandon it as a medicinal agent, and now, to say the least, it is given only partly the recognition it so richly deserves. Possibly there is no more powerful, certain and immediate diaphoretic than jaborandi. So great is the secretion by its action upon the peripheral ending of the nerves and the gland-cells, that often the quantity amounts to more than a pint, containing both the watery and solid ingredients abnormally increased. Both the gastric and bronchial secretions are much greater; this condition continuing from four to six hours after the administration of the drug.

The nausea is somewhat unpleasant, but can be prevented, since it is likely that it is produced by the swallowing of the saliva, which flows in large quantities; this seems the cause, from the fact that when vomiting takes place the contents of the stomach show that it is principally the saliva.

Its effect upon the gland cells is the reason it has been suggested in parotitis, mumps, and ordinary glandular enlargements; although apparently it may produce a slight inflammation in these structures if long continued. As a natural consequence, after the profuse perspiration, there is a calmness and repose attended by some depression, the body temperature is lowered, probably by the loss of heat by evaporation, the fall amounting to one or two degrees Fahrenheit.

If there is well marked cardiac weakness, it is thought to be contra-indicated; although its ill effects can be counteracted by the use of sulphate of atropia, which seems to be a direct antagonist and valuable antidote, and

is true in this sense in its whole range of therapeutic action.

The diuretic properties of jaborandi are disputed, pro and con, although if it possesses these it is doubtless very slight; it is true there is a violent impulse to pass the urine, with great pain in the pubic region, but this all disappears after micturition, and the quantity of urine but slightly increased, thus demonstrating that its impulse is mainly due to the contraction of the bladder. The elimination of urea, however, is very great.

In eclampsia and dropsy of renal origin, and in erysipelas, it has an important bearing; in the former it induces the skin to perform an office that would otherwise be at the expense of other organs, producing exhaustion and degeneration. In both instances an objection has been raised that its depressant action on the heart, from the stimulation of the vagus ends of the nerves, would be a contra-indication; yet these untoward symptoms, if present, can be combatted by the usual remedies. In the last mentioned disease, erysipelas, our first experience was in December, 1880, Mrs. L., aged forty-five; the fluid extract was used, and the results were not as good as can be obtained by its proper use. I used small doses, while large ones should be administered until the physiological effect is well marked.

In connection with the use of a cardiac stimulant, as alcohol, the results are remarkable, not only alleviating the severity, but in many instances lessening its duration.

These facts I discovered from reading the experience of Dr. Waugh, who deserves much credit for the information he has given the profession in reference to this particular drug in erysipelas. *

As an eliminant, even in some of the infectious diseases, it is valuable. In syphilis, in conjunction with specific treatment, it is an adjuvant.

Some of the experimentors use the hydrochlorate of pilocarpine to arrest certain paroxysms, such as those of asthma and hicough, the dose being one-eighth of a grain;

as an antagonist this dose would equal about one hundredth of a grain of atropia.

Dr. Potter, in his work on *Materia Medica, Pharmacy and Therapeutics*, second edition, 1890, says:—In agalactia it stimulates the secretion of milk; and the fluid extract of jaborandi is one of the best agents for breaking up a common cold. The dose is one drachm taken at bedtime.

In the exanthematous diseases, when the skin is hot and dry and there is no well marked cardiac weakness, the use of jaborandi in combination with veratrum viride, in the liquid forms, will very frequently be followed by favorable results.

Arsenite of Copper for Dysentery.

In a recent article in the *Medical Bulletin*, Dr. John Swain reports twelve cases of dysentery treated with arsenite of copper, as recommended by Dr. John Aulde. The cases included both extremes of life. In infants four weeks old, 1-100 of a grain of arsenite of copper, in four ounces of water, a teaspoonful to be given each ten minutes for one hour, then hourly. The results were reported successful in all cases.

Abuse of Morphia.

Morphia is one of the most potent remedies, and rarely furnishes a disappointment where it is justly indicated. The positiveness of its action leads too often to its indiscriminate administration. There is no question that, in many instances, it is given in the early stages of a disease and masks the cardinal points which would otherwise make a clear diagnosis of the case. Thus the curative treatment is not adopted which should shorten the duration of the disease. Again, small doses long continued fail oftentimes, when full doses would accomplish the desired end. Almost every physician has seen small doses of morphia given every two hours to relieve pain, and in this way continue for twenty-four hours, and during this long period the patient has only partially been free from pain; when, on the other hand, a few

full doses only would have been required. This surely is not due to a lack of acquaintance with the drug, but must be thoughtlessness or fear of the danger of its action. This fact is not true of morphia alone, but of many of our therapeutic agents. Another example might be cannabis indica. No one can expect a successful termination unless the full action of the drug is manifest.

Cannabis Indica.

In the treatment of the cough of phthisis, either alone in tablets of one twentieth of a grain, or in combination with chloroform, it has proven an acceptable and valuable medicine. Dysmenorrhea, marked by painful menstruation, is favorably influenced by small and frequently repeated doses of cannabis. Such cases occur in young girls and in married women even without displacement, and every month the suffering increases, until finally they are compelled to consult a physician. To relieve pain and make the patient comfortable a few drops of cannabis will be quite sufficient. Five drops of the fluid extract having been placed in a dry glass or teacup, pour upon them four or five ounces of cold water, and direct the patient to take of this solution a teaspoonful every ten minutes for the first hour, then at intervals of an hour during the remainder of the day or evening. Perhaps at the expiration of the first hour the pain will have been materially assuaged, and in the course of a few hours the patient will be as well as ever. These attacks frequently appear just at the beginning of the menstrual molimen, and when the patient is put under the influence of cannabis, the congestion causing the pain subsides, and the flow begins. Within the past three years at least fifty such cases have come under observation, and a failure has been the exception. Chloroform (ten or twelve drops on sugar, repeated in an hour) also answers the purpose quite as well, and may be used when convenient.

Supra orbital neuralgia has also been treated with this drug with very flattering results in the majority of instances. Prepare the remedy as in the cases just stated—the same amount, the same dose, and the same period for administration—and the physician need not be surprised if the pain subsides in the course of half an hour. The same method of treatment has been found available in the

case of flatulence accompanied by pain; and where the tongue is foul and coated, a plan suggests itself of combining with the cannabis a few drops of nux vomica tincture. Sometimes the first dose is sufficient to make the patient quite comfortable.—*Med. Regis.*

Bismuth Salts and the Odor of Garlic.

The cause of the odor of garlic occasionally communicated to the breath of patients who are taking preparations of bismuth, is said to be the presence of the metal tellurium as an impurity. The fact that tellurium gives this odor to the breath was first noticed by Sir James Simpson, who, when making trials of the salts of cerium, also experimented upon tellurium. He reports a case of a divinity student who inadvertently got a dose of tellurium which was followed by the evolution of such a persistent odor of garlic that for the remainder of the session the patient had to sit apart from his fellows. That specimens of bismuth preparations, which caused this peculiar odor of breath, contained tellurium was established in 1875. The British Pharmacopœia guards against this impurity by giving a special test for its detection in bismuthum purificatum.—*British Medical Journal.*

Two Interesting New Drugs.

Among new drugs recently investigated are two of much promise—Cocillana and Naregamia Alata. The evidence thus far obtained from clinical experience would indicate that these remedies are likely to prove an important addition to the expectorants and respiratory stimulants now employed. In the spasmodic cough of acute bronchitis, in the hacking cough of phthisis, and wherever there is marked interference with the respiratory function through accumulation of secretion of the inflamed membranes, these remedies are likely to prove efficient. Parke, Davis & Co., who have introduced these remedies, offer samples of them to physicians desiring to test them clinically, also reprints of articles concerning them, free of charge.

Constipation in Women.

Dr. Lutaud recommends the following in obstinate constipation occurring in women:

R. Citrate of iron and ammonium . . . 31 grains.
Fl. ext. of cascara sagrada . . . 32 minims.
Saccharin 8 grains.
Water 2½ ounces.

—*Medical News.*

Comparative Action of Iodides of Potassium and Sodium.

Dr. Laborde (*Medical Record*) calls attention to an error which is very prevalent in therapeutics, in considering isomeric substances as possessing the same physiological and therapeutical properties as their congeners. He says the blood pressure is augmented by iodide of potassium, whereas the iodide of sodium scarcely modifies it. Experiments upon lower animals showed that iodide of potassium produced general tetanus, whereas experiments with iodide of sodium, even with double doses, produced negative results. Iodide of potassium excites the nervous centers, whence its action on the vascular system and on the heart.—*Daniel's Texas Medical Journal.*

Infantile Convulsions.

R. Musk 3 grains.
Hydrate of chloral 10 grains.
Camphor 15 grains.
Water 5 ounces.

M. S.—As an injection.

—*Rev. Gen. de Clin. et de Ther.*

Widerhofer, of Vienna, recommends the following as a sedative in infantile convulsions:

R. Hydrate of chloral 1 drachm.
Distilled water 3 fl. ounces.
Syrup of bitter orange peel . . . 1 fl. ounce.

A teaspoonful every two hours.

—*Rev. Gen. de Clin. et de Ther.*

Dr. I. N. Love suggests the use of antifebrine as the result of his personal experience.

Chloralamide Administration.

R. Chloralamide gr. xlv.
Acidi hydrochlorici diluti gtt. vi.
Syrupi rubi idæi dr. ii.
Aque q. s. ad .oz. ii.

Sig.—To be taken in one or two doses.

As an enema, in which form it is unirritating and slow in action, we may use:

R. Chloralamide gr. xlv.
Acidi hydrochlorici diluti gtt. iii.
Alcohol min. xx.
Aque oz. iii.

—*Dr. Steele in Pacific Med. Jour.*

Charles L. Dana says the headaches of children can be best controlled by small doses of iodide of iron or the citrate of iron and quinine.

Remarkable Fecundity.

Dr. J. De Leon, Ingersoll, Texas (*Dietetic Gazette*) writes:—I was called to see Mrs. E. T. Page, January 10, 1890, about four o'clock A. M.; found her in labor and at full time, although she assured me that her "time" was six weeks ahead. At 8 o'clock A. M. I delivered her of a girl baby; I found there were triplets, and so informed her. At 11 A. M. I delivered her of the second girl, after having rectified presentation, which was singular—face, hands and feet all presented—I placed her in proper position and practiced version. This child was still-born, and after considerable effort by artificial respiration it breathed and came around all right. The third girl was born at 11.40 A. M. This was the smallest one of the four. In attempting to take away placenta, to my astonishment I found the feet of another child. At 1 P. M. this one was born; the head of this child got firmly impacted at the lower strait, and it was with a great deal of difficulty and much patient effort that it was finally disengaged; it was blocked by a mass of placenta and cords. The first child had its own placenta; the second and third had their placenta; the fourth had also a placenta. They weighed at birth in the aggregate nineteen and a half pounds without any clothing; the first weighed six pounds; second five pounds; third four and a half pounds; fourth four pounds. In the country, and "backwoods" at that, it was impossible to procure a "wet nurse," so with the little help we could control, and feeding the babies on "Reed and Carnrick's Infant Food," they thrived well. From using all the foods on the market I long since found that the above food possessed some qualities that I failed to find in others. Mrs. Page is a blonde, about thirty-six years old, and has given birth to fourteen children—twins three times before this; one pair by her first husband. She has been married to Page three years, and has had eight children in that time. I have waited on her each time.

Maltine in Intestinal Disorders.

Babies, children and adults, in hot weather, should live as much as possible in the shade, where there is the freest possible circulation of pure air. In cases of looseness of the bowels, a few doses of the ordinary chalk mixture will usually furnish the desired relief. This should be given in tablespoonful

doses, and after every stool. Where there is a weakening of vitality, with very great propriety and advantage, teaspoonful doses of Maltine may be added to the sterilized milk; the diastatic power of Maltine being capable of rendering soluble and digestible starchy food that may be in the stomach. Starch foods, such as Irish potatoes and breads, have often been regarded as the immediate and irritating cause of infantile enteric disorders. In part this may be true, and yet these starch foods were the very ones the lacteals and absorbents were crying for, and needed to stay the waste that was going on with fatal rapidity. Right here the inestimable value of Maltine, with its diastatic solvent properties, is quickly made manifest in changing the character of the discharges, and causing an irritant factor to become one of nutrition; given in sterilized milk the benefit of both is obtained.—*Cin. Lancet-Clinic*.

The Albuminuria of Opium Eaters.

At the meeting of the Societe Medicale des Hopitaux, held May 9th, 1890, Dr. Huchard stated that he had recently observed three cases of permanent albuminuria occurring in persons addicted to the use of morphine, which terminated in uremia; and all the symptoms and history of these cases seem to point to the conclusion that this albuminuria was developed as a consequence of the prolonged abuse of morphine; and he further alluded to the fact, noted by Loewenstein, who has related six or seven similar cases, and succeeded experimentally in producing the same result in animals.

In order to explain the pathogenesis in albuminuria produced by morphine, the three following statements may be considered:

1. It may be produced by a special action on the medullary centers.
2. The albuminuria may be consecutive to the paresis of the nervous plexus surrounding the renal artery.
- 3 Albuminuria may be produced by anomalies of pressure which are capable of producing renal disease.

In order to explain the production of permanent albuminuria in opium eaters, this latter cause must be admitted; in fact, Dr. Huchard states that his researches have demonstrated that morphine is an agent which rapidly and thoroughly decreases arterial tension.—*Therapeutic Gazette*.

Reviews and Book Notices.

A Treatise on Orthopedic Surgery. By Edward H. Bradford and Robert W. Lovett. Illustrated with 789 wood engravings. New York: William Wood & Co. 1890. Price, extra muslin, \$6.00.

There are few lines of professional work which bring more anxiety and cause one to feel more keenly the need of authoritative guidance than orthopedics. To those who can not or do not wish to shift the responsibility of such cases upon others, this book will be of great service. It includes not only the subjects ordinarily discussed in works on orthopedics, but also diseases of the joint, and the disabling and deforming nervous affections in their surgical aspect. The text is admirably clear, the illustrations numerous and for the most part well chosen. It is a real help in deciding what is the matter, what to do and how to do it. It is one of the most satisfactory works on a difficult subject which we have met. It will succeed because it deserves success. We have but one general criticism to make: We do not think enough importance is given to plaster-of-paris dressings. There is almost too much "machinery." However opinions differ upon this point, the central West being a thorough convert to gypsum.

T. P.

A New Medical Dictionary. By George M. Gould, A. B., M. D., Ophthalmic Surgeon to the Philadelphia Hospital, etc. Philadelphia: P. Blakiston, Son & Co. 1890.

We can not give a better idea of this work than is found in the author's preface, which, as he tells us, has been shaped to meet the following distinct purposes:

1. To include those new words and phrases created during the past ten years, which appeared destined to continuous usage.

2. To frame all definitions by the direct aid of new, standard and authoritative textbooks, instead of making a patchwork of mechanical copyings from older vocabularies.

3. To omit obsolete words not pertinent to medicine, except in a remote or factitious

sense, while neglecting nothing of positive value.

4. To make a volume that will answer the needs of the medical student and busy practitioner, by its compactness and logicalness of arrangement, its conciseness of definitions, its elimination of the useless, and its convenience of size and price.

The book contains 519 pages, is printed on good paper, and handsomely bound.

Wood's Medical and Surgical Monographs. Published monthly; \$10.00 a year; single copies, \$1.00. Wm. Wood & Co., New York.

The May number of this excellent serial publication contains the following valuable articles: *Insanity at the Puerperal, Climacteric and Lactational Periods*, by W. Bevan Lewis, L. R. C. P. *The Treatment of Diseases of Women by Massage*, by Dr. Robert Ziegen- speck, of Munich. *The Treatment of Internal Derangements of the Knee-Joint by Operation*, by Herbert Wm. Allingham, F. R. C. S. *The Idiopathic Enlargements of the Heart*, by Dr. Oscar Fraentzel, Berlin.

We have often spoken in praise of these excellent Monographs. The May number is fully up to the former numbers in the excellency of its contents and typographical appearance.

Special Notices.

The Indiana Medical Journal for 1890.

JOURNAL, one year, \$1.00; JOURNAL and an excellent Clinical Thermometer, \$2.00.

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Hoff's Malt Extract (Tarrant's) has won an enviable reputation among the medical profession for its remarkable value as a nutritive tonic in convalescence and in all wasting diseases. It has now achieved the proud distinction of being the only Malt Extract that has ever received an award of honor at a public exhibition in the German Empire. We regard it as a superior malt preparation, and have found it valuable in all cases where a palatable nutritive tonic has been indicated. To guard against substitution, always specify Tarrant's when ordering.

Pure Volatile Eucalypti Extract (Eucalyptol).—It is not generally known that there exists only one firm—Sander & Sons, Sandhurst, Australia—that is manufacturing the pure Volatile Eucalypti Extract (Eucalyptol). To produce the genuine article, green leaves, three years old and complete in foundation, are required (see Das Eucalyptus, Professor Hugo Schultz, Bonn.) Sander & Sons is the only firm which own factories for that purpose in Australia. Samples gratis through Dr. Sander, Dillon, Iowa. Mayer Bros. Drug Co., St. Louis, Mo., sole agents.

Peacock's Bromides.

Dr. S. L. Barr, of Cavour, Dak., says:—In headaches of all kinds, from whatever cause, Peacock's Bromides has given me more satisfaction than anything I have ever used in a practice of twelve years. When a patient comes to me and asks me if I can cure his or her headache, I unhesitatingly yes, and do it with Peacock's Bromides; it has never failed.

What! you haven't seen it? The finest train on earth. The Pullman Vestibule Line that runs between Indianapolis and Cincinnati on the C. H. & D. R. R., and you have not taken a dinner in the dining car? Why, young man, they set the best meal in those cars that I ever ate, and the C. H. & D. R. R. is as smooth as glass; you are not jerked from one side to the other; it is actually comfort and ease to ride on that road. Just pack your grip and take a trip to Cincinnati some day, and you will learn a thing or two that is worth knowing. It is elegance and splendor, comfort and ease, speed and safety, to ride over the C. H. & D. R. R.

Listerine.

The *British Medical Journal*, May 3, 1890, says:—"We have received a specimen of a preparation manufactured by the Lambert Pharmacal Company, of St. Louis, U. S. A. According to the formula given, it contains the following antiseptics: Thyme, eucalyptus, baptisia, gaultheria, mentha arvensis and benzoic acid. It is a clear liquid, with an aromatic odor, pungent taste, and miscible in all proportions with water. We have experimentally proved that it is a powerful antiseptic, preventing the development of bacteria and decomposition of vegetable infusions. Listerine is certainly a very elegant preparation, and will be found an agreeable antiseptic either for internal or external use." It is certainly satisfactory in the extreme to note the appreciation that the efforts of American pharmacists meet with abroad. Testimony of the character given by the *British Medical Journal* should carry very great weight with it.—*Occidental Medical Times*.

DOCTOR.

If you have any deserving cases that embrace the new pension law as passed this year, you will do well by presenting them for investigation to the veteran claim agent, P. H. Fitzgerald, 68½ East Market street, Indianapolis. This gentleman is thoroughly versed in this class of business, and widely known for his honorable dealings. (See advertisement on another page of this issue.)

"Coca" has maintained its reputation as a powerful nerve stimulant, being used with good results in nervous debility, opium and alcoholic habit, etc. The highly variable character of the commercial drug makes it uncertain however. Robinson's Wine Coca (see advertisement) we believe to be a uniformly active article, it being prepared from assayed leaves, the percentage of cocaine being always determined by careful assay.

Ponca Compound.

Dr. J. M. Williams, Donaldson, Ark., says: I have used Ponca Compound in a case of endometritis with slight prolapsus. Its effects are almost instantaneous. From further experience am inclined to believe that Ponca Compound is the best remedy for uterine troubles that I have ever met.

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Original Communications.

CORNEAL ULCER.*

BY J. L. THOMPSON, M. D., INDIANAPOLIS.

The cornea embraces about one-sixth of the circumference of the eyeball, and might well be styled the window of the eye. For the purposes of this paper one need only divide it into three layers, as follows: Bowman's, or the anterior elastic; Descemet's, or the posterior elastic lamina; and the true corneal tissue which lies between these.

Covering Bowman's layer, we find numerous epithelial cells, flat externally, rounded in the middle, rod-like or columnar at the base. These cells also pass over the limbus, and cover the conjunctiva of the globe.

The posterior elastic lamina is covered by a single layer of polygonal epithelial cells, which are in immediate contact with the aqueous humor.

The membrane of Descemet divides at its periphery into three leafs; the anterior forms the posterior branch of the canal of Schlem, the middle one is continuous with the ciliary muscle, while the posterior branch goes to the ligamentum pectinatum iridis. Between the anterior and posterior elastic laminae lies the true corneal tissue, which is made up of countless fibrillae, with tube like processes between them, which have been called corneal corpuscles, in which nuclei are described, and which are very similar to the connective tissue corpuscles of other tissues. Indeed, the cornea is simply densely fibred connective tissue, which on boiling yields chondrin instead of gelatin. Blood vessels are not found in the healthy cornea after birth.

Lymph channels traverse it in all directions. Its nervous supply is from the trigeminus, modified by the ophthalmic ganglion. The ultimate branches from this source are very numerous, and are said to terminate in bulbous extremities just beneath the epithelium of Bowman's layer (which accounts for the intense pain which so frequently accompanies very superficial corneal ulceration).

Having thus briefly touched upon the gross anatomy of the cornea, let us now speak of some of the prominent points connected with ulceration of the same.

Practically this may be divided into superficial and deep—peripheral and central.

Superficial ulceration often follows injuries, and we frequently meet with it in the third (or chronic) stage of granular conjunctivitis, the epithelium having been rubbed off by the sharp papillary granulations which line the upper lid; from cicatrices in that part, or from trichiasis (ingrowing eyelashes), from the same or similar cause.

Again do we meet with superficial ulceration in children, in the herpetic or phlyctenular inflammation, which is the disease of all others which affects the eyes of children. We also meet with it at middle age. Mistakes can not be made in the diagnosis if we scan every part of the cornea closely, as there is a solution of continuity. Our prognosis must be based on the cause; if that be remediable, of course it is favorable, and *vice versa*.

TREATMENT.

Traumatic cases, as for instance scratching off the epithelium by running against a clothes-line, is often cured in two or three days by rest alone, while in other cases a mild solution of cocaine accelerates the healing process. Sleep is one of the greatest restorers. While speaking of the hydrochlorate of cocaine, it is well just here to remark

*Read before the Indiana State Medical Society, May 14, 1890.

that for a few days it is very often of great utility; but, on the contrary, when we have a form of inflammation or ulceration which is of long continuance, this alkaloid is not only of no account, but is harmful, as it burns and adds to the congestion and inflammation.

In the phlyctenular ulceration of children, we must look well to the malnutrition which caused it. Diet must be regulated, as the over-fed are almost as badly off as are their opposites. Pies, cakes, candies, nuts, ice-cream, ice-water, must be interdicted, and in hot weather (which is the season when the greatest number of cases are met with), it is absolutely necessary that the child be kept cool; we must also look to the alimentary canal, and occasionally prescribe rhubarb and bicarbonate of soda.

In the strumous variety, syrup of iodide of quinine in small doses, and occasionally the oleum morrhue, often does much good. No routine practice, however, can be pointed out, as all present well know. In a majority of these cases, occurring in the hot season, a change of climate often acts like magic. A change from our low, flat, malarious country to the hills, mountains, lakes or coast, often brings about improvement in a very few days; in cases which, if left here, would have hung on all summer, and only healed after permanent opacities of the cornea had developed.

When we meet with herpetic ulceration of the middle aged, we also find a failure of nutrition. The overworked often suffer; malaria sometimes is the cause; indigestion has much to do in its causation; smoking should be interdicted; quinine often does much good, and the running off from one's daily pursuits often works wonders quickly.

Deep ulceration sometimes follows the superficial, but more often is of different origin. Low fevers often cause it, and fevers of malarious origin are exceedingly prone to give rise to deep-seated ulcers. Ophthalmia neonatorum destroys many eyes in this way, and gonorrheal ophthalmia ruins one eye in three persons so attacked. La grippe has injured many eyes during the past winter from this form of disease.

In low fevers the ulcerative process generally comes up after the acme of the fever has passed, and as the patient gains strength his ulcer improves, but unfortunately in many instances it is followed by a more or less deep opacity of the cornea.

In ophthalmia neonatorum we meet most

frequently with central ulceration, which, if left alone, very frequently perforates and destroys the eye by extensive central leucomata or partially impaired vision, by nebulous opacities, or by cataracta pyramidalia. Fortunately though, if we see a case of ophthalmia neonatorum before the ulceration has set in, we can prevent it in every case by proper applications to the conjunctiva; and even though we do not see the case until after ulceration has fairly set in—even then, by properly conducting the treatment ourselves, and not leaving it to nurse or parent, we can prevent destruction of the eye. In these cases we should treat the conjunctiva every day, and watch the process of ulceration. Cleanliness, with a boric acid solution, five or six times a day; silver to the lids, in a ten to thirty grain solution, applied once a day, and well washed off; being careful to evert the lids, and let no diseased part escape. Atropia sulph. sol., in the proportion of half a grain to the ounce, to keep the iris dilated, in the central forms of the disease. Then we must watch for projections of the little black bladder-like looking membrane of Descemet, and prick it once a day so long as it protrudes. If we have not been called sufficiently early to do this in any given case of ulceration of the cornea, and a portion of the iris protrudes, we had better cut it off than to waste much time in the effort to return it.

In the peripheral or trougthing ulcer, we should be very careful how we use atropia or Duboisine, or any mydriatic, but should instead apply a very weak solution of the myotics, such as eserine or pilocarpine, as the cornea is liable at any time to give way and the iris to be washed out, and sometimes the lens also.

Another form of ulceration do we occasionally meet with, which is known as "ulcus cornea serpens," a name given it by Saemish, who described it fully, and who has given us a method of treatment, which has been highly successful in a class of cases which before his method was very fatal to the eye.

The subjects of this trouble are in some countries hedgers, in this country stone-cutters and coal-miners are more often affected. The history of a case is as follows: The workman receives a blow on the cornea from a spaul of rock; it hurts for a time; the man applies his usual remedies, and goes on with his work, ceasing to give it much attention, as he so frequently meets with what he

supposes are similar accidents. But in a few days he finds that his sight is affected; he consults his family or the looking-glass, and then finds a dirty grayish spot in the center of the cornea, which on the following day is larger, and so it spreads from day to day, until the whole cornea sloughs away and the sight is irreparably lost. Sometimes the man consults one who knows all about these cases, and does it sufficiently early to save the eye. On looking closely into such a case, we find the eye in the following condition: The central portion of the cornea is a mass of dead tissue, say an eighth of an inch in extent; we also find a layer of pus in the lower part of the anterior chamber, and besides this we find adhesions of the iris to the capsule of the lens, so that we have a complication of ulceration of the cornea, with iritis and hypopyum, or what is styled hypopium keratitis. Now, in such cases one is asked for the prognosis, which is very different according to the extent of the ulceration, age and strength of the patient. Where the dead tissue only occupies a space equal to a radius of the cornea, and the patient is not too much broken down in health, we may expect to cure the case by operative procedure; but where a greater extent of tissue is involved in the necrotic process, loss of vision is usually the result, although I have met with a few cases where more than the prescribed extent of tumor has been involved, and still a remarkable restoration of useful vision has obtained.

The treatment is as follows: The ulcer should be completely cut through with a Graefe's cataract knife, the puncture and counter puncture are made in sound corneal tissue, the knife should pass through the aqueous chamber and made to cut outward by two movements, forward and backward, when the aqueous escapes with the pus from the anterior chamber; the next day, if the ball looks no better, the wound should be sprung with a probe, but usually the one treatment is sufficient. A pressure bandage should then be applied every day, when one is (if it is his first operation of that kind) surprised to find how rapidly the cornea clears up afterwards. I have in my mind's eye many cases which have been so treated, where one naturally expected extensive opacities to follow, and yet but the faintest nebulous condition can be seen, and that only by the aid of artificial oblique illumination.

While on the subject of the pressure bandage, it is well just here to remark that it fits

many cases of corneal ulceration, giving ease in some cases, where everything else has failed, and often does it prevent the total destruction of the eye by the evacuation of its contents, during coughing, sneezing or straining. The bandage should be made of very flimsy flannel, and applied as follows: First, a piece of old muslin or lint, soaked in a mercurial antiseptic solution, should be applied to the closed lids; over this a smooth bunch of absorbent cotton, and then the roller applied very tightly, under one ear, over the other and around the forehead, pinned at every crossing.

I should also have mentioned the actual, Paquelin, and the galvano cautery in ulceration, but as much experience is needed in their use, a description of the method would have better suited a paper for specialists than one for the profession at large. I will, therefore, close this paper by impressing a few points on the memory. Never use lead in corneal ulceration. Zinc, copper and other irritants are harmful in such cases. Atropia is better suited to central, eserine to peripheral ulceration. The pressure bandage greatly relieves some cases. Make a linear incision in deep central ulcer, with hypopium. Make an iridectomy where staphyloma is threatened. Do not forget that change of climate greatly benefits some cases. Finally, when called upon to treat corneal ulceration, be sure to apply nothing unless there is some special indication for its use.

SOME POINTS ON THE SCIENCE AND ART OF MEDICINE.*

BY W. F. BATMAN, M. D., LADOGA, IND.

Science is knowledge and facts reduced to principles. Art is the skill by which we execute these principles. Unfortunately our profession, with all its pomp and show, is not an exact science. How I wish it was; what an easy matter it would then be to become a physician, compared with what we do as it now is. If it was an exact science we could learn the principles, the unerring truth, and apply them the same way every time, like a stone thrown into the air, and it invariably falls back owing to the law, principles or truth of gravitation. Still the whole practice of medicine depends upon an accurate

* Read before the Putnam County (Ind.) Medical Society, April, 1890.

knowledge of what is scientific in its principles, and how far art can carry out and work on these principles. I can best illustrate the definition by pointing out that the art of navigation is founded on, or the working out of, the principles of astronomy and the magnet. The sailors of old had few or no principles to guide them; they navigated their ships from one point to another by the art of navigation. Astronomy was in its infancy, and the magnet was not known. The magnet was discovered, and its principles found to be certain and infallible; it could not mislead. The sailor could now boldly plunge his ship across the Atlantic with unerring course; his art became founded on a science or a principle which was infallible. His art might vary in the following of this principle, but he always kept his magnet before him. The man at the wheel was guided by a principle; the sailors, during a storm, were guided by an art. The principle or science could not vary; the art might vary according to every direction of the wind. So it is in the science and practice of medicine.

The science of medicine is hard to discover; the art of medicine has long been known, but only as an art founded on experience. I will repeat our profession is not an exact science until we can demonstrate all the facts we know. This makes me think of a question a minister asked me once, viz., "What there was in the blood or system that vaccination destroyed to modify the course of small-pox?" It is a well demonstrated fact that it does so, but just the *modus operandi* of this process is not exactly proven. Telling him this he commenced upbraiding our profession for its great pretensions. I then turned the question on him, asking him to demonstrate, beyond any doubt or skepticism, the process by which a man was to become immortal, or just how we were transformed into the better world he talked so much about, and from which no traveler has returned for near nineteen centuries. He said it was a fact, but that he could not demonstrate it. So I think we compare favorably with our two great sister professions, viz., theology and law. When we fail to reduce our knowledge to an unerring principle, let us sum all the facts known on a subject, and wait the coming of science.

It is very often assumed by writers on natural history that there is the "science of observation," and that we have got entirely

rid of the Laputan method, and have succeeded in substituting a rational system of instruction founded upon observed facts. But it is not always safe to assume that we are rid of Troth and Dragon, the gods of the Philistines; they have a wonderful faculty of reappearing, with their staring fish-like eyes and putty faces, right in the midst of the sanctuary, when we thought we had banished them forever.

What is meant by the phrase founded on observed facts? Is founding a science simply gathering up careful and laborious observations? Is it scientific to know that Herr Geistlos has counted the exact number of villi in the human intestine, and found that they numbered 10,125,603; or that there are 5,000,000 red corpuscles to the cubic millimeter of blood, and that the normal quantity of blood contains about forty-five grains of iron? Facts are not only stubborn things, but they are exceedingly dead things if not warmed to life by the action of human thought. The independent interest in the human body has been so great, and the necessities of the surgeon and physician have been such, that we have an accumulation of observed facts greater than in any other biological field. At the very foot of the list I would put the arrangement of facts which simply state that certain phenomena coexist, that at one and the same time, in the same individual, certain appearances are present.

This department of science is essential, but the danger is in stopping there. In the older and higher developed sciences these facts are merely the portals of approaching important truths. No one would think of arresting the study of astronomy at the definitions, and why should the student of the human body be satisfied with symptoms and descriptive anatomy.

One great error in the true principles and science of medicine, is in confounding symptoms of disease with disease itself. How well do I remember my confusion about the art of our profession, after a three years' course under a preceptor and a full winter term at Rush Medical College. The question was how to apply what I had learned. I knew enough theory, but how to apply it correctly. I owe the solution of my puzzle to the teaching of the late great and noble Prof. S. D. Gross; for woe unto the student, as I can prove by some of my colleagues, that could not answer the phenomena of an

inflammation, with the proper remedies. The first one of these was always to remove the cause.

Thus we have a small portion of sharp sand blown upon the cornea: the eye begins to inflame and looks diseased, but is this disease? No, it is only the symptom produced by the sand; the inflammation is a conservative process. It proceeds somewhat as follows: The blood rushes to the point where the sand is embedded with such force that the blood-vessels around it are completely clogged up with blood corpuscles; they come to a dead stand, although those in the rear are still pushing on, and the crush becomes so severe that those in advance perish. The parts immediately around the sand die, and being dead they lose hold of the living parts and drop off, and in doing so bring away the sand.

We perceive the same thing occurring all through the animal economy, although the irritation may not be a bit of sand, but some other foreign body or poison, or depraved or perverted secretion or excretion, such as the poison of fever, gout, rheumatism, and many other diseases.

Now, the kidneys are the great cleansers or depurators of the blood; their office is to keep the blood free from certain things that get into it, which otherwise would impair and even destroy its usefulness. When lithic acid, lactic acid or glucose gets into the blood, the kidneys set to work to get it away. But they often fail in doing this work, and the material accumulates in the system. So in the case of lithic acid, if not antagonized by the proper remedies, the joints or great toe does the work much to the relief of the kidneys. The toe inflames, and when the swelling and soreness subsides, if you would cut in around the joint and find a chalky deposit, the patient will be relieved of his peccant humor.

I have attempted to illustrate the error of mistaking symptoms for disease, an error on which homeopathy is founded; and we have these men in our profession, for within the last year I know of a man who was treated for an ulcer in the mouth, far advanced in the secondary stage of syphilis, in the meantime marrying an innocent woman, who is now suffering with one of humanity's most loathsome diseases, laying a foundation for a heredity to affect all future generations.

Thus the scientific practitioner investigates and searches out the true principles of disease, while others pave the way for quacks and charlatans. I heard Dr. Thompson, Professor of Therapeutics in the University of New York, say that he blamed the regular profession for the public patronizing quacks. He said we should exert a will and mind to do all we could for our patients under all circumstances.

The advance of medical knowledge in the decade just passed has turned our best textbooks into simply histories of the past. This rapid progress has given to some a feverish eagerness, and a duped over-confidence finds itself landed in the quagmire of an elixir dream; while to others it gives thoughts of brilliant possibilities that makes us wish to see what the next few years may bring forth. Our modern bacteriology has revolutionized surgery and obstetrics, and has reduced the mortality of puerperal fever and septicemia from forty or fifty per cent. to less than one per cent.

But I believe our late knowledge of preventive medicine and sanitation will be the most useful to all mankind. It deals with the principal death-producing diseases of the world, which are estimated to cause two-thirds of the total mortality. Phthisis, the most fatal of all diseases, causing one death out of every eight, is now proved to be contagious. Its inception depends upon the passage of the living bacillus from one organism to another. A few more steps of science and we hope to possess to this disease what vaccination is to small-pox, and phthisis will no longer mow down its millions. Just think of it, in the seventeenth and eighteenth centuries, in England alone the mortality from variola was four thousand to five thousand per million deaths; in 1887 it was nine.

Another field of research that is offering us much are the substances called ptomaines and leucomaines; the latter giving us the best theory of malarial fevers.

Medicine is not only a science, but it is an art; not only an art, but it is a moral system and almost a religion. Has any profession ever done so much work, with so little pay, outside of the religious faiths? Only of late has our government recognized our profession with a little benevolence, while it has built palaces for ward politicians.

Correspondence.

Spontaneous Separation and Expulsion of a Fibroid Tumor, with Recovery.

Editor *Indiana Medical Journal*:

On May 17, 1890, I was called to the bedside of Mrs. L., aged eighty-three years. She had suffered a frightful uterine hemorrhage, and was still bleeding. I gave her a full dose of ergot, which controlled the hemorrhage. The patient was blanched from loss of blood, and in a condition of profound shock. Two hours before she was upon her feet and feeling quite well, when she was suddenly attacked by pains, which she said were identical with labor pains experienced forty and sixty years ago at the birth of her children. These pains were regular every five or six minutes for an hour, when they ended with the expulsion of a fibroid tumor. The tumor was in shape ovoid and oblong, having diameters three, four and a half and six and a half inches, very firm and solid, with stump of a pedicle in a depression on one side and near one end. This stump was seven-eighths of an inch in diameter, and three-fourths of an inch long, was black and soft and had apparently sloughed off. Upon squeezing fresh blood would ooze from the center of the stump. It would seem that the tumor had not hung by its pedicle but rather rested upon it, which would account for the depression occupied by the stump. The patient was unconscious of the presence of a tumor.

By the use of restoratives she rallied from the shock, and eight days later was again upon her feet, and now after three weeks she is quite well.

Centreville, Ind.

H. GABEL, M. D.

Letter from Chicago.

Editor *Indiana Medical Journal*:

As there has been nothing in the *JOURNAL* recently concerning medical matters in Chicago, I send you the following as noted by myself:

The course of instruction in the Chicago Post-Graduate School is similar to those of other cities, I presume. The following operations have been performed by the professors during the month of June, to date:—Operation for umbilical hernia, radical cure; hy-

drocele of cord, rectocele, ovariectomy, iridectomy and resection of hip-joint, one each; exploratory laparotomy, three; hysterectomy, two; laceration of cervix, four; laceration of perineum, five.

The above does not include Prof. Parkes' clinic at Rush Medical College each Tuesday and Saturday, which our tickets cover.

The trustees of the Post-Graduate School are erecting a six-story building on Third Avenue, which will be very central. The hospital will contain fifty beds, and will occupy the fifth and sixth stories of the building. The faculty and instructors are men who are abreast of the times in their special departments.

Rush Medical College has recently lost two members of its faculty, Professors Byford and Ross; and Professor J. Adams Allen is dying of cancer of the colon.

Not long ago I was talking with a medical acquaintance here about attending a post-graduate course in New York City. He said it was a good place to go, as a man would receive as thorough instruction in New York as in London; Paris or Vienna, as he knew from personal experience; and, he added, you can obtain as good in Chicago as you can in New York.

I may give you some of the methods of treatment in another letter.

I. B. WASHBURN, M. D.

Suit for Damages for Injury to Fetus.

The *British Medical Journal*, June, 1890, tells of a curious and novel suit that has been brought before one of the Irish Courts, and which was occasioned by the disastrous railway accident at Armagh a few years ago. A woman who was in the train at the time of the accident, and in an early stage of pregnancy, subsequently gave birth to a crippled child, and the child now sues the railway company, through its father, for the damage it has sustained in being crippled in consequence of the railway accident. Every one is familiar with instances in which malformations have been ascribed, with more or less probable accuracy, to some injury or shock the mother received during her pregnancy; but the *British Medical Journal* has been unable to find any instance in which such malformation has been the ground of action at law.—*Med. and Surg. Rep.*

The Indiana Medical Journal

FRANK C. FERGUSON, M. D.

EDITOR AND PUBLISHER.

A. W. BRAYTON, M. D.,

ASSOCIATE EDITOR.

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To insure prompt publication contributions must be mailed by the 15th of each month, and should not exceed 1,500 words.

Short practical articles, reports of Society meetings, and medical news solicited.

The Editors are not responsible for the opinions of contributors.

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This Journal is on file at King's Medical Advertising Agency, 779 Second Avenue, New York, where advertisements and subscriptions may be placed at our regular rates.

PHTHISIS PULMONALIS.

That phthisis pulmonalis is due to the presence of the tubercle bacillus, is generally accepted. That heredity is one of the chief causes of the disease is so fully established by statistics as to amount almost to demonstration, is also admitted. That in a very large percentage of the offspring of tuberculous parents the disease *per se* is not transmitted, is equally true. How shall we harmonize these seemingly clashing propositions?

The tubercle bacillus thrives and multiplies, not in the rapidly moving current of pure arterial blood, but in stagnant, venous blood and the tissues filled therewith. Rich arterial blood, wanting in none of its constituents, is nature's germicide, and tissues abundantly supplied with this fluid are not only perfectly nourished, but furnish a sterile field for bacteria.

Heredity in phthisis pulmonalis is the transmission of a predisposition or vulnerability to this disease by means of an imperfect anatomical conformation of the chest

and a feeble digestion and imperfect assimilation of certain food elements. It seems probable that the pancreas is faulty in the tuberculous. Imperfect conformation of the chest consists, for the most part, in a weakness of the accessory muscles of respiration, and those muscles concerned in holding the spine erect and the shoulders back. Every physician is familiar with the "pigeon breast," and with the ditch-like depressions at the sides of the anterior superior aspect of the chest, caused by the habitual tipping of the shoulders forward, as though the clavicles were too short.

Tubercle deposits are, in the vast majority of cases, made in the apices of the lungs, manifestly for the reason that prime culture-fields for bacilli exist in those parts. Infection of other parts of the lungs by tubercle germs, it is believed, occurs only as an extension of the primary infection or secondary to some other disease, which so modifies the circulation in those parts as to place them in the same condition relative to blood stasis as are the apices in imperfectly formed chests.

Normal functional activity of a part is essential to its perfect nutrition. As the flow of blood into the chambers of the heart stimulates them to rhythmic contraction, so the rhythmic influx of atmospheric air into the alveoli of the lungs invites the arterial blood into the capillaries distributed upon the parietes of the alveoli.

The cause of tubercular infection may generally be found in imperfect respiration, due to a lack of symmetrical development of the upper portion of the chest. Improper nutrition from any cause is, of course, a factor not to be overlooked.

No system of treatment of tuberculosis which ignores chest gymnastics can afford us any hope of success. The chief merit of high-altitude-climatic treatment is the enforcement of chest exercise, whether the patient be sleeping or waking. It is the duty of the family physician who is, of necessity, conversant with the physical make-up and

hereditary tendencies of the young of his patrons, to instruct the parents of those having the tendency to pulmonary phthisis, as to the supreme importance of exercises intended for the development of the chest, and insist that such persons be exhorted to inflate the lungs to their utmost capacity hundreds of times a day. Such youth ought to be impressed with the notion that the erect attitude and enforced respiration are essential to their full development and immunity from the fell destroyer, consumption. Thus, lung gymnastics, attention to the digestion and diet, with care not to subject this class of persons to the *materies morbi* of tuberculosis, will prove effective prophylactic treatment.

Quack Crowley of Terre Haute.

For several years Terre Haute, Ind., has been disgraced with a notorious quack by the name of Dr. T. N. Crowley. At irregular intervals, Crowley sends an indecent circular all over the country, in which he describes, in bad grammar, the dire effects of certain "Diseases of Men," and vaunts his marvelous skill in their treatment. Among the diseases which he proposes to cure are gonorrhea, syphilis and spermatorrhea. He dwells at length upon what he terms "concealed spermatorrhea," and describes the symptoms of the disease in such a way as to lead many young men to believe that they are suffering from a most dreadful malady, which is sure to result in death or insanity, unless they place themselves under his treatment. He pretends to be a finely educated physician, and his diploma is hanging in his office, "where all can see it so that no questions need be asked." He is equipped with "one of the finest microscopes in the world," and can analyze the urine of his patients in a jiffy, detecting thereby the presence of spermatozoa, and thus diagnosing that fearful malady, "concealed spermatorrhea." Recently one of his vile circulars was thrown into the editor's house, whereupon in his indignation he resolved to put the wonderful knowledge of

Crowley to the test. We have a fine black, four-year-old horse, whose name is Richard—we call him "Dick" for short—a very intelligent animal, and he hates a quack worse than the devil hates holy water. So after explaining the matter to "Dick," he readily agreed to furnish a bottle of his urine to be sent to Crowley for examination. "Dick" also dictated the following letter, which was duly forwarded to Crowley:

AUGUST 2, 1890.

Dr. T. N. Crowley:

Dear Sir:—A few days ago I received one of your circulars, and having read it carefully I am persuaded to lay my case before you, believing you can give me relief. I do not have night emissions, but from the symptoms of "concealed spermatorrhea," as described by you, I am afraid I am a victim of that dreadful malady. I have always had good health, until three years ago. At that time, while engaged in a struggle with three or four men who were trying to rob me, I received an injury in the region of the testicles. I had not at that time attained my full growth, and although I apparently recovered from the injury, I have always felt that there is something *lacking* there—that I am not so strong in these parts as I once was. My erections are few and far between, and when I do have one, it is not accompanied by any sexual desire. In fact I have no desire whatever for association with the opposite sex, and my testicles have not *grown* any since my injury. Another thing I have noticed is, that sometimes after passing my water, a whitish-looking substance passes out of the urethra. This summer I have lost thirty or forty pounds of flesh. I feel very dull and stupid, and have not much interest in life. I have no interest in my occupation, and were I not *driven* to it, I should make very little exertion of any kind. My appetite is capricious, and my digestion not very good.* Now, doctor, if you think you can cure me, please let me know what your charges are. I am not rich, but am able to pay a moderate fee. I send you by this mail a small vial of my urine for examination. Please let me know what you find in it, and if I am really afflicted with that dreadful malady.

Very truly yours,

RICHARD FERGUSON,
483 Park Avenue, Indianapolis, Ind.

*"Dick" has been suffering from the epizootic.

Crowley was not long in responding to the above letter. Visions of another "sucker," with fat fees, danced before his fishy eyes, and increased the revolutions of his craven heart. On August 5th, "Dick" received the following letter, which we publish *verbatim et literatim* :

TERRE HAUTE IND AUG 4 90

Mr Richard Ferguson Indpls Ind

Dear Sir :—Your favor of the 2nd and vial of water receive Inclosed you will find list of questions please answer questions from 1 to 55 and from A. to H. see questions A. to H. on the bottom of the back page of the list. your case is one of concealed form of spermato rhea as your water contains considerable semen I am sure I can cure you. It will require 7 or 8 months to cure you. In that time I am sure I can cure you perfectly and permantly The cost of the treatment will be seven dollars a month for each one of the first three months after three months five dollars a month

I remain yours truly

DR. T. N. CROWLEY

Accompanying this remarkable letter was a circular headed "read with care," in which he says: "I never say that I can cure any one unless I know for an absolute certainty that I can cure them; and when there is any doubt about being able to cure them, I always tell them of the doubts, and just what their chances of cure are. So when I say I can cure you, you may rest assured I will cure you."

And so this man, who pretends to be finely educated and equipped with "the finest microscope in the world," finds human semen in the urine of a castrated horse, pronounces him a victim of "concealed form of spermatorrhea," and swears by the great hornspoon that he can cure him. Shades of the Mr. Crowley who recently died in captivity in the New York Zoological Gardens, how your posterity has degenerated! It was stated in the papers that Mr. Crowley died of consumption, but that was evidently a mistaken diagnosis. He died of grief. Constant brooding over the degeneracy of his kinsman, Crowley of Terre Haute, broke his heart.

Kemmler's Execution.

The execution of Kemmler, the New York murderer, afforded the opportunity for numberless cranks, medical and otherwise, to pose before the public in their favorite role of humanitarians horrified at the "brutal execution." Well, what was there about the execution that was more brutal, more cruel, or more painful to the culprit than hanging? Suppose that a blunder was made in the management of the electric current, that it was not quite strong enough, or was cut off too soon, and that Kemmler's flesh was burned somewhat by too long continuation of the second application, does this constitute a valid reason for going back to the hanging method? Is it not true that oftentimes the spectators of an execution by hanging are horrified at the struggles of the strangling victim of the law's vengeance, because the neck was not broken by the drop? Does not the weight of the criminal's body sometimes break the rope, and a second hanging become necessary? Verily the world seems to be cursed with humanitarian cranks. It was because of the cry of "cruelty" raised by pseudo-reformers and cranks that New York abolished the rope and adopted electrocution. And now, after the first execution by electricity, comes a lot more humanitarians, so-called, and insists that death by electricity is too "cruel" and "horrible" to be tolerated—that the State must again adopt the old method of execution.

The JOURNAL is opposed to capital punishment in any form, not because it has any sympathy for a murderer, but because—

1. It believes that the State has no more right to take life than the individual.
2. Because it does not believe that capital punishment is a prophylactic against crime.
3. Because the State can make the murderer of some use to the world, if not to himself, by imprisonment for life at hard labor.

Capital punishment, by any method, is revolting to the enlightened sentiment of the age. But if New York is not yet ready to abolish judicial murder, we would suggest

that if she would kill all of her sensational pseudo-humanitarians, by electrocution, or hang them by the neck till they are dead! dead!!! dead!!! she would confer a great benefit upon a long suffering public.

The International Medical Congress.

The Berlin meeting of the International Medical Congress has been very successful, and the attendance unusually large. The total number of members was 5,737, of which 683 were from the United States and Canada, 3,180 from Germany and Austria, and 179 from France.

Prof. Wood, of Philadelphia, read the only address from the United States that was given before a general meeting of the Congress. His subject was Anesthesia. The address was well received and listened to attentively. In the various sections, complaint was made that papers in the English language were not received with attention, the German members moving about and making confusion during such readings.

The farewell address was given by Professor Virchow expressing the hope that members would carry home the conviction that Germany was great in peaceful pursuits. Thanking the members, and the city, state and imperial authorities for their respective parts in the advancement of the interests of the Congress, and hoping to greet his fellow members three years hence in Rome.

Closing speeches on the part of the several nationalities were then made, Dr. Billings speaking in behalf of the American members, expressing their thanks for all the courtesies they had received.

The Lomax Donation.

Dr. William Lomax, of Marion, Ind., has donated his estate, consisting of his residence and a farm of 160 acres, to the Medical College of Indiana. The appraised value of the estate, as it appears on the tax duplicate of Grant county, is as follows, viz.:—Residence, \$4,975; farm, \$3,380; total value,

\$8,355; on which there is an annual tax of \$173.50, viz., tax on residence \$99.62, on farm \$65.88. It is stipulated in the donation that the residence shall not pass into the possession of the College until the death of Dr. Lomax and his wife, during which time the College must pay all taxes, \$100 a year for necessary repairs, and \$1,200 annually to Dr. Lomax. Careful estimates by disinterested parties living in Marion, and therefore competent to judge of the value of the estate, place its cash value at not exceeding \$25,000, viz., residence \$15,000, farm \$10,000. As the farm is the only part of the estate that can be turned into money at this time, it appears that the College will have to pay \$1,363 annually for the use of \$10,000, or nearly 14 per cent. interest. There is no excuse for the exaggerated statements that have been sent out regarding the value of the donation. The above figures, as stated, were obtained from disinterested parties, and may be relied upon as approximately correct. Dr. Lomax has always been to the front in advocacy of a higher standard of medical education, and his action in disposing of his estate, before his death, to endow a medical college, is eminently praiseworthy, and consistent with his long and useful professional life.

Inebriety in America.

The following is an interesting summary of a paper on Inebriety in America, read by Dr. T. D. Crothers before the London Branch of the British Medical Association:

1. Inebriety in America is one of the greatest sources of peril to civilization and progress. It is very pronounced as a disease, and can be often traced in waves and currents, where the causes are unknown.

2. All efforts to remedy inebriety by moral means have failed; although applied with great fidelity and enthusiasm and ample means, yet inebriety has notably increased. The present labors of both men and societies along the moral side of this subject are evidently nothing but agitations, whose real value is simply to call attention to the evil.

3. Inebriety, when studied from the side

of science, even in the most superficial way, appears as a great physical disorder following a line of law that may be seen and understood, the practical application of which promises the most satisfactory results.

4. Inebriate asylums, as stations where the inebriate can be housed and studied, are necessary means for the cure and restoration of the inebriate, along the line of natural laws; and their practical value is assured beyond all controversy and doubt.

5. Inebriety in America, as elsewhere, must be studied above all theories and dogmas before it can be known or understood. The inebriate is no exception to the vast armies of defective or degenerate, who appear everywhere as the result of violated law and physical conditions of life and surroundings.

NOTES AND COMMENTS.

Of the 826 deaths in St. Louis during July, nearly 17 per cent. were from diarrhea.

Dr. D. W. Welch, of Mt. Vernon, Ind., says: "I read three journals, and like yours best of all."

Dr. B. F. King, of New Ross, Ind., writes: "I value the JOURNAL very highly, and would not be without it."

Dr. Frank Blair, of Princeton, Ind., writes: "The INDIANA MEDICAL JOURNAL is now the best looking medical periodical on our table. The new dress is extremely becoming."

Dr. G. J. Cook recently performed gastroenterostomy on a man at St. Vincent's Hospital, who had cancer of the pyloric orifice. The patient recovered from the operation.

A draught, consisting of menthol one part, rectified spirits twenty parts, and distilled water 150 parts—a teaspoonful given every hour—arrested vomiting of pregnancy after the third dose, and pregnancy proceeded to full term, after Copeman's treatment and cocaine had failed. The menthol treatment was begun in the second month of pregnancy in a woman who had aborted in a previous pregnancy from hyperemesis. Other cases of successful treatment by this means are reported in the *British Medical Journal*.

Dr. J. A. Wyeth, of New York, will deliver the address at the meeting of the Mississippi Valley Medical Association, to be held at Louisville, Oct. 8, 9 and 10.

The juice of the pine apple is largely employed by the negroes of Louisiana in the treatment of diphtheria, and the treatment is said to be successful.

The International Medical Congress closed its session Saturday, August 16th. The next meeting will be in Rome in 1893. Six hundred and seventy-three Americans were present as delegates, and many of them read valuable papers.

The Mississippi Valley Medical Association will convene at Louisville, Ky., Oct. 8th, and remain in session three days. Visitors may expect a cordial reception at the hands of the profession in Louisville. A very interesting session is anticipated. The titles of papers should be sent as early as possible to the Secretary, Dr. E. S. McKee, 57 West Seventh street, Cincinnati, Ohio.

The catalogue of the New York Polyclinic shows an attendance for the session of 1889 90 of 422. The faculty have resolved to exclude all but graduates of regular medical colleges from matriculating at this school. Practitioners who are graduates of regular medical colleges, or who, having attended one or more courses of lectures at such school, and have a legal permit to practice, will be admitted.

M. Frantz Glenard has recently been contributing to the *Lyon Medical* a series of papers on the condition of the liver in diabetes. His conclusions are founded upon the systematic examination of 324 diabetic patients (234 men and 90 women) observed in private practice at Vichy; he found some manifest alteration in the liver in no less than sixty per cent. of his cases. Hypertrophy was the change most frequently observed; it was present in 34.5 per cent. In twenty-three per cent. there was indolent induration of the liver. He believes that he has been able to trace a regular series of changes—hypertrophy being followed by shrinking, in some cases by atrophy.—*Med. Age*.

Practical Medicine.

Menthol in Diseases of the Air-Passages.

In a paper on this subject read before the Illinois State Medical Society, Dr. Seth S. Bishop, Surgeon to the Illinois Charitable Eye and Ear Infirmary, Chicago, states that his experience with menthol has been considerable, that he has used it in a variety of diseases, and that its remedial properties entitle it to an important place in the armamentarium of general practitioners and specialists alike.

Acute coryza or influenza in the first stage can be arrested by the employment of sprays or inhalations of this drug. If the attack is slight, simply smelling the crystals contained in a glass tube or salt-mouth phial is sufficient. Such inhalations, continued thirty minutes, before the nasal irritation has passed to the stage of inflammation, cuts short colds in the head. The feeling of fullness and constriction about the nose and frontal sinuses, and the flow of mucous disappearing, the nostrils opening for the free passage of air, and complete relief following.

Where actual inflammation exists before the treatment is begun, it is necessary to use sprays of menthol dissolved in liquid albolene, to protect the membrane and keep the remedy a long time in contact with the inflamed surface. The strongest solution he has employed was twenty per cent.; but he regards this too powerful for most individuals, five or ten per cent. being as strong as is generally borne without discomfort. This application produces a sense of heat immediately after use; but if the patient will take several deep inspirations of air following the inhalation of the spray, the burning sensation is followed by one of agreeable coolness.

In cases of chronic nasal catarrh he has been successful in opening the nasal passages by one or two treatments with a fifteen per cent. solution, thus affording great relief to mouth-breathers. When the turbinates are so enlarged as to prevent the entrance of

sprays through the nostril to the throat, the remedy effects the shrinking of the engorged tissues and restores the natural air-passages. Chronic hypertrophic rhinitis, with offensive discharge, yields to menthol in so far as to lessen the amount of the discharge and banish the foul odor.

"In atrophic catarrh the stimulating properties of this inhalant, combined with the emollient and protective qualities of albolene, affords a means of speedy improvement."

In pruritus nasi no remedy is so prompt to give relief except cocaine, and the doctor remarks, parenthetically—

Passing from the upper air-passages to the seat of pruritus ani, it will enable me to remark that menthol is vastly superior to cocaine here. I have seen the most exquisitely torturing, itching and burning of the anus relieved in a few minutes by a twenty per cent. solution of this simple drug, after other ordinary and extraordinary remedies had utterly failed.

In laryngitis, not dependent on a rheumatic condition, menthol proves valuable. Even in rheumatic laryngitis it is an efficient adjunct to salicylate of sodium, iodide of potassium, etc. In simple acute laryngitis, if used in the early stage, it will relieve as it does in coryza, but the spray is the most effectual. When the soreness of the larynx and trachea and the hoarseness appear, a few inhalations of the spray often nip the attack in the bud. It relieves the hoarseness and also imparts a smooth, reed-like timbre to the voice. In advanced cases several inhalations of the spray should be used in the course of a day, and a continuous effect is often advantageous. This can be had by keeping a saucer heated in the patient's room, and dropping a few of the crystals on it occasionally during the day and night. They melt readily at low temperature, and fill the atmosphere with their penetrating fumes.

In whooping-cough I have had patients inhale it constantly from a cloth saturated with the solution placed beneath the chin. Besides this I have sprayed the nose and throat daily, taking care to project the spray into the throat just at the instant of inhalation. The paroxysms of cough were lessened in intensity and frequency, and the course of the disease appeared to be shortened.

Bronchitis does better under these inhalations than with other topical applications or

with internal medication alone. The spray should be taken following a forced exhalation. This brings the fine, smoke-like vapor in contact with the diseased surface. It is best to have patients exhale it through the nose, and it can readily be seen pouring out of the nostrils after a forced retention for several seconds, showing that the respiratory tract is thoroughly medicated. The effect is distinctly felt deep in the chest.

In catarrhal conditions of the Eustachian tube and middle ear I have employed menthol on account of its effect in relieving turgescence and stenosis in the nasal passages. And by the grace of the Eustachian tube we may properly speak of the tympanic cavity as a part of the air-passages. I use the menthol in Buttle's inflator in the same manner as the iodine crystals, substituting cotton for sponges. If a stronger impression is desired, I use the liquid albolene solution. Simply throwing the spray against the Eustachian orifices with the De Vilbiss atomizer results in a thorough impression on the tube and tympanium.

Suppurative inflammation of the middle ear yields readily to the menthol treatment. Long standing cases have healed rapidly after an initiatory use of the twenty per cent. solution. I have just seen several cases of this kind in which the purulent discharge ceased after a few such treatments.

Furunculosis of the ear has been in my hands more amenable to this than to any other remedy. A pledget of cotton, moistened with a twenty per cent. solution, should be so placed as to keep it in contact with the center of the furuncle. A warm or burning sensation follows, but soon gives place to one of coolness. The pain is relieved, the bacteria destroyed, and the swelling and discharge dissipated.

I have not yet tried it in hay fever, but have taken steps to have it given a thorough trial during the coming summer by the members of the United States Hay Fever Association.

Cholera Infantum a Neurosis.

A novel, if not a new, view of the etiology of cholera infantum and the group of diseases allied with it, is that advanced by Dr. Alexander Harkin, in the *Times and Register*. He endeavors to demonstrate "that for the group of diseases—including cholera, cholera infantum, choleraic or summer diar-

rhea, cholera nostras, and Asiatic or epidemic cholera—having a unity of essence, an identity of nature, and a neurotic origin, there exists a common principle of treatment, and a reliable therapeutic remedy." He states that he has already regarded cholera infantum and Asiatic cholera as neuroses, and alludes to the fact that Cullen regarded cholera as a neurosis, while Sir Henry McCormac taught that it was due to a lesion of the abdominal sympathetic system. This is rather startling, to follow upon the heels of the recent discoveries in relation to the germ origin of disease, and Dr. Harkin will find it necessary to produce better evidence in support of his theory than he presents in his paper, before his views will begin to meet with any considerable degree of favor. Still, whatever Dr. Harkin's views as to etiology may be, if the treatment he recommends be attended with anything like the degree of success which it achieved in his hands, mankind can not be too grateful to him.

The remedy which he proposes is little short of marvelous in its simplicity and ease of application, when we think of the results which it is expected to bring about. It consists in simply developing the inhibitory powers of the pneumogastric nerve, and this is done by counter-irritation over its course in the neck. It is said to be as effective in the algid stage of cholera as it is in cholera; it is only necessary to apply the liquor epispasticus of the British Pharmacopœia with a camel's hair pencil in a narrow stripe over the sheath of the vagus in the neck, extending from the mastoid process to the angle of the lower jaw. The effect is said to be almost instantaneous, the purging, vomiting and cramps immediately cease, and the patient generally falls asleep and awakes cured long before the vesication is complete. Dr. Harkin relies on this topical remedy alone, but is strict on the regulation of diet. Milk is absolutely forbidden in all cases, because of the irritating qualities of casein. The food allowed is arrow-root boiled in water, with the addition of port wine, condensed milk, beef tea free of fat, and starchy food, soda-water, ice-water, barley-water, and a weak solution of chlorate of potash may be given as beverages. Useful auxiliaries are absolute rest, artificial warmth, and stimulant applications to the extremities, as of turpentine and mustard. He reported cases treated in this way, by himself and others, of cholera infantum, and sporadic and epi-

demic cholera, in which the results were uniformly successful.

The one thing indispensable in this treatment is the stimulation of the pneumogastric nerve.

With Asiatic cholera we have not much to do in this region, but if the results in cholera infantum be one half as successful as in the cases reported by the author, it would be a great improvement upon present methods of treatment. It will, doubtless, soon receive thorough trial, not only by the bold, but by the cautious practitioner as well, for an advantage in its favor is "that it is any rate a method of treatment which is attended with no risk, and in no way interferes with any other treatment which the practitioner may see fit to carry out."—*Medical Review*.

Asthma Treatment Dont's.

Dr. Thomas J. Mays, of Philadelphia, in an article published in the *Medical and Surgical Reporter*, Aug. 16, says:

Don't consider that one mode of treatment will suit all classes of asthma.

Don't forget that asthma is a reflex manifestation and that its cause, which may reside anywhere in the body, must be sought and an effort made to remove it.

Don't omit to look for the possible cause in the nasal passages, the bronchial surface, stomach, liver, bowels, uterus, ovaries, or in some rheumatic or gouty dyscrasia, or some specific cachexia.

Don't fail to realize that, as a rule, asthma is more rapidly amenable to treatment in men than in women.

Don't lose sight of the fact that nothing is more conducive to a cure in severe cases of asthma than perfect physical rest; this is of primary importance.

Don't allow a patient to suffer in an attack of asthma, but cut the paroxysm short by administering a hypodermic injection, consisting of 1-50 of a grain of strychnine and 1-150 of a grain of atropine. If this brings no relief in ten minutes, which it rarely fails to do, inject $\frac{1}{2}$ of a grain of morphine.

Don't discontinue the strychnine and atropine after the first relief is afforded, but administer both daily in this manner and in increasing doses until their physiological effects are reached and until a thorough impression is made on the disease. This is generally accomplished with from 1 25 to

1-20 of a grain of strychnine and about 1-100 of a grain of atropine, in the course of ten days or two weeks, after which these same maximum doses are employed every other day until the patient is relieved.

Don't, in the meantime, omit to give your patient phenacetin (four grains) or antipyrin (seven and a half grains), with small doses of quinine, every four hours.

Don't, in treating the complications of asthma, overlook that carbolic acid or creasote, inhaled through a respirator, allays the bronchial catarrh; that magnesium sulphate, taken at night, regulates the secretions of the alimentary canal; that potassium iodide cures a specific cachexia, and that surgical attention to the generative organs is sometimes of importance.

Don't overlook the fact that asthma depends on a depraved condition of the nervous system, that simultaneous disease in other organs depends on the same source, and that by building up the nervous system, which should be the ultimate aim of all remedial efforts, the attendant complications will also be removed.

Notes upon Somnal.

From "Notes upon Somnal," by Dr. Frank Woodbury, in *Dietetic Gazette*, we select the following:

The effects of somnal in producing natural sleep suggest its use in insomnia. The first case in which I used it was in a patient suffering with acute alcoholism, who had been under treatment for a fortnight in an institution, where he had a free supply of liquor, and he came out rather worse than he went in. He was thirty-nine years of age, very tremulous, and could not sleep; or, if he dozed off, would immediately waken up. I gave him, at about 3 P. M., thirty minims of somnal (or rather a drachm of a mixture of equal parts of somnal and whisky), well diluted, and went into an adjoining room to speak to an attendant. Upon my return I was surprised to find him fast asleep, although I had not been away from him more than fifteen minutes. He slept for four hours, and then was able to take something to eat. At 10 o'clock he had another dose, and he slept until 7 next morning, having wakened up once only during the night, and insisted upon having another dose, and immediately after taking it he fell asleep again. The next night he was given a double dose at 10 o'clock

and he slept all night without wakening. No bad effects were observed. The somnal was given for four nights, when he was so nearly well that it was suspended, as he had had good natural sleep at night, and seemed quite restored. Alcohol was positively prohibited, the only substitute allowed being Elixir of Coca and Camellia (Parke, Davis & Co.), in tablespoonful doses, in which, it is true, there was a small amount of alcohol, which was quite infinitesimal when compared with what he had been using. Somnal, therefore, acts well as a hypnotic in acute alcoholism as a tranquilizer and hypnotic.

In a case of neuralgia of the bowels (visceral neurosis of Allbutt), where the patient had a sleepless night, a dose of twenty minims relieved nausea and pain, and the patient fell asleep.

In syphilitic headache and insomnia, somnal, in moderate doses, failed to produce sleep, which was afterward secured by potas., bromide and iodide, and antipyrine.

In cases of insomnia, fretfulness and restlessness in young children, somnal with mint-water and syrup offers better results than opiates, and is much safer. The same remark probably applies to the use of somnal in acute pneumonia, but I have not been able to confirm this yet by actual trial.

Without further going into detail, it may be stated in conclusion that somnal acts as a hypnotic, but instead of depressing the system as chloral does, it slightly stimulates the gastric mucous membrane, relieves nausea and pain, improves the appetite, increases secretion (probably), does not cause constipation. The circulation, respiration and temperature are not notably depressed after its administration. No disagreeable after-effects have been observed. As it is rapidly eliminated from the body, it may be administered each night for a number of days without any obvious ill-effects. It acts very much like chloral, but is more pleasant to take, and not so depressing in its effects upon the nervous system and the circulation.

Treatment of Chronic Bright's Disease.

The treatment of chronic Bright's disease is a subject of very great interest, if only on account of the frequency of the disease. It might be difficult to name a drug which has not been recommended for it. This of itself generally indicates that a disease is obstinate and that medical treatment is ineffective;

and, as a matter of fact, those who have had the largest experience with chronic Bright's disease, in its two forms of parenchymatous and interstitial nephritis, rely more upon dietetic and physical methods of treatment than upon drugs. For example, Senator, in discussing the subject in question before the Ninth Congress for Internal Medicine, at Vienna, in April, 1890, declared that the two most important indications were to shield the kidneys and relieve them from strain, and to wash them out. To meet the first indication, agents irritating to the kidneys are to be avoided and the decomposition of albumen must be reduced to the smallest quantity possible. A milk diet with rest, if necessary absolutely in bed, accomplishes both objects, for milk is an alkaline diuretic. Buttermilk, koumys and kefir may be used to substitute milk. Patients who can not bear milk may be given starches, and if the digestive organs will not tolerate an adequate supply of the latter, white meats, which contain least extractive matter, can be employed. As regards drinks, in addition to the milk already mentioned, mineral waters are suitable, but alcoholic beverages are to be avoided. The skin is to be kept active by warm baths and friction, with the view of lightening the work of the kidneys.

Senator believes iodide of potash to be useful in contracted kidney on account of its action upon the blood vessels. In addition, the chief indication consists in sparing the heart and in a hygienic treatment. Moderation in the manner of life, avoidance of immoderate supply of albumen and of smoking, sparing use of drinks, especially alcoholic drinks, avoidance of fatigue, protection against chill, preservation of the activity of the skin through baths, which should not be too warm, are the most important principles in the therapeutics of contracted kidney. Change of climate, especially residence in the South during the unfavorable seasons of the year, exerts a very helpful influence.

The remarks of Von Ziemssen at the same meeting show, if possible, even more clearly that the treatment of chronic Bright's disease must be other than purely medicinal. He says, in speaking of parenchymatous nephritis: "The medication must be confined to the smallest possible quantity, as by it only too easily the digestion and the whole nutrition are injured." What he has to say about the treatment of dropsy is especially interesting. Long-continued rest in bed is

most warmly recommended; also diaphoretic methods are likewise indicated, and of these the physical are preferable. Of the latter, Ziemssen calls special attention to the hot-air bath, the hot full-bath, and the partial vapor-bath. The hot-air bath, he says, is given in a warm room in which the temperature of the room can be increased to the desired degree by vapor. In contradistinction to the Russian vapor-bath, however, in which the steam enters the room directly, in this the atmosphere is poor in vapor and is thus able to extract a large quantity of water from the body of the patient through the skin and the lungs. It does not weaken the patient, and is very effective, especially when the patient remains in the bath some hours. As the dilatation of the capillaries and the increased glandular activity of the skin only slowly return to normal, the patient after the bath must be very carefully guarded against chill, which could exert an unfavorable influence upon the kidneys.

The partial vapor-bath, in the form of the cabinet vapor-bath, is very suitable, he says, for use in the sick room. The patient remains about twenty or thirty minutes sitting in the cabinet, and is then quickly put to bed and covered with large warmed comfortables. The hot full-bath consists in putting the patient in a bath at a temperature of 100.5° Fahr.; hot water is then added until the temperature of the bath rises to 104° or 106° Fahr. After staying in this for twenty or thirty minutes, the patient is taken out and wrapped in warm comfortables. By this procedure uncommonly active perspiration is provoked, and the loss of water is very great, not rarely amounting to one or two quarts; but it weakens the patient too much, and, also, in respect to the subjective condition of the patient, is superior to the hot-air bath. It should be remembered that in all methods for inducing diaphoresis there is a more decided effect obtained after the second or third trial. It should be borne in mind, also, that in those patients in whom it is important to conserve the weight, those measures must be avoided which increase the temperature of the blood and hasten metabolism; this statement applies to the Russian vapor-bath and to the hot full-bath. In the cases referred to the hot-air bath, at a temperature of from 95° to 104° Fahr. is indicated.

Chronic disease of the kidneys appears to be in many cases only a part of a degenera-

tive process general throughout the body; it is more easily recognized in the kidneys because its signs (albumen and casts) are unmistakable. It is folly, therefore, to treat the patient as if his kidneys were the only organs diseased, and actually harmful to whip them to increased activity with irritating diuretics. The whole man requires treatment, and this should be of such a nature as to check degeneration, conserve strength, and shield the weakened organs from extra work. To this end diet, hygiene and physical methods of treatment are to be preferred to drugs, which are best reserved to meet special indications or emergencies.—*Medical and Surgical Reporter*.

Obstetrics and Gynecology.

BY FRANK C. FERGUSON, M. D.

Prolapse of the Ovary.

One of the most distressing and painful complaints to which the human female is liable is that of prolapse of the ovary. The commonest displacement, and that which gives the most trouble as a rule, is generally backward and downward into Douglas' space, and is most frequently found in conjunction with retroflexion or retroversion of the uterus, and is more familiar to the gynecologist than the other forms of displacement. The ovary enlarged from structural disease becomes congested and tumefied, more especially at or near a period, and a sudden fall or violent exertion, combined with a lax condition of the broad ligament, allows that organ to sink by degrees till the pain produced by the action of the bowel (more especially when allowed to become confined) is the first thing to direct the patient's attention to the complaint, and soon compels her to seek relief. Byford states, page 682, in his work on the Diseases and Accidents Incidental to Women: "The intimate and firm ligamentous connection of the ovaries with the fundus of the uterus causes them to partake of the changes in the position of that part of the organ. Thus when the fundus rises into the abdomen during pregnancy, the ovaries are carried up with it."

When the complaint has been of some duration, the ovary will easily be detected by the pain and feeling of sickness complained of by the patient when touched or pressed

upon by the finger of the examiner, and which almost always makes the diagnosis unmistakable.

When a prolapsed organ is held down by adhesions, or a retroflexed uterus, it becomes a difficult matter to treat the case satisfactorily. My own experience leads me to think that this affection is often overlooked, the flexion or version diagnosed only, and a pessary introduced, which, as Byford says (page 687), "is pretty sure to cause pressure upon those sensitive organs, and soon become intolerable."

My object in writing this paper is to call attention to the importance of examining more closely, in all cases of retroflexion—more especially of long standing—for a prolapsed ovary, before inserting a pessary, which may do more harm than good, certainly add to the patient's distress, and bring discredit upon a valuable instrument. Examination per rectum in these cases is most important, the ovary can be more distinctly felt, as the examining finger can reach higher, and the organ can be palpated by a finger in both passages if necessary. The treatment I adopt in these cases is the following:

I place the patient in the knee-elbow or knee chest position, and the vagina being kept open by the duck-bill speculum, the gravitation of the uterus forwards, assisted considerably by the atmospheric pressure on the vaginal roof, will (if the ovary be not bound down by adhesions) move upwards and out of reach of the examining finger.

If a Thomas' pessary (which is the one I prefer), be chosen of suitable size and fixed *in situ* so as to fill the roof of the posterior *cul-de-sac*, the ovary can not possibly regain its vicious position, and by keeping the bowels regular and restoring the general tone as much as possible by common-sense treatment, the patient will certainly be relieved, if not completely cured.

When we find the ovary bound down by firm adhesions, which will not give way under the influence of massage, and the patient's life becomes a burden, it is our duty to consider the removal of the offending organ, which, as a rule, is not a difficult operation in this displacement, easy access being had through the posterior part of vaginal roof. The organ being drawn down by the ovum forceps, a ligature is passed round the pedicle and tied, and a scissors completes the removal. The incision should be left open for drainage; no necessity for sutures; vagina

well syringed directly after the operation, and the rest left to nature.—*Duke, Med. Press.*

Ovariectomy.

Statistics of two hundred cases of ovariectomy in the practice of M. Terrillon was the subject of a very interesting communication which he presented to the Societe de Chirurgie, recently. The list included all his cases to June 30, 1889.

Among them were twenty-five par ovarian cysts, eighteen dermoid and one hydatid. In the first one hundred cases there were eleven deaths, while in the second one hundred there were only four deaths. This result he attributes to improved antiseptic treatment; because, of four deaths, three were due to shock and one only to purulent peritonitis, while among twelve of the first series there were six cases of peritonitis. Some very interesting facts were developed by a study of the successful cases.

Of these, one hundred and seventy-eight have been followed after treatment; nine died, of which number, three from accidental causes; one from relapse due to operation; two from return of sarcoma; three from progressive exhaustion, which terminated fatally in from six months to a year. Of the living, only one is now suffering from relapse of the disease. These figures confirm the remarks made by M. Terrillon, in 1885, on relapse.

These results show also that the surgeon should be extremely careful to preserve the other ovary; for nine of the cases subsequently became pregnant, one three times, and the children were all perfectly healthy and well formed.—*Gazette Hebdomadaire; Sanitarian.*

The Use of Chloroform in Natural Labor.

Charpentier (*Bull. et Mem. de la Soc. Obst. de Paris*, 1889, No. 5) sums up his experience in the following propositions:

1. Chloroform given in small doses produces a condition of physical and moral calm in the patient.
2. If the inhalations are prolonged for a considerable time, the result will usually be a diminution of the uterine pain, the perceptions of the patient become less keen, and the uterine contractions are slower.
3. If the period of complete anesthesia is reached with analgesia, there is surgical and not obstetrical anesthesia.
4. In some cases chloroform excites instead

of calming, and in such cases its use should be discontinued.

5. In some cases chloroform has unquestionably diminished the contractility of the uterus, and has thus been the cause of more or less severe hemorrhage after labor.

6. Chloroform has no action upon the fetus.

7. Chloroform given during the period of expulsion has a less decided effect upon the contractions of the abdominal muscles and the resistance of the perineum than is generally supposed. The sensation at that period is not entirely abolished, the contractions are frequent, and Charpentier has failed to notice that which has been called by Campbell disassociation of sensations of touch and pain.

Chloroform is especially indicated—

1. In primiparae who are nervous and excitable, and in whom pain may even cause delirium; also in those with whom the labor is greatly prolonged, thus becoming a source of danger.

2. In all cases in which there is spasm, contraction or rigidity of the neck or body of the uterus.

Contra-indications are the absence of severe suffering, the existence of placenta previa, general prostration, disease of the circulatory or respiratory organs, cerebral disease, alcoholism, etc.—*N. Y. Medical Times*.

Ichthyol.

The *Medical Press* quotes Frennel as repeating the marvelous tales about ichthyol, which followed its first appearance. The results of its intra-vaginal use are astounding. Cicatrices disappear in a few days, tubal pains abate, and erosions heal rapidly. Internally he gives one and a half to three grains daily; and locally applies tampons of cotton with ichthyol, five parts to one hundred of glycerine. When energetic resorption is demanded, he uses equal parts of ichthyol and lanoline, or eight parts of ichthyol to eighty parts of soft soap, rubbed over the abdomen. Erosions are painted with pure ammonium sulph-ichthyolate. In pruritus, a ten per cent. lanoline ointment answers. If pain is great, two to five per cent. of chloral hydrate is added to the glycerine. After resorption has begun, he employs massage and electricity.

Surgery.

An Extract from Lawson Tait's Address in Surgery.

We commend the following extract, from Lawson Tait's address before the British Medical Association, to the teachers of anatomy and physiology in the various colleges:

I, for one, desire to raise my voice in protest against the absurd attention to detail and the enormous waste of time involved in the present biological training of the surgeon student. Let him be grounded in every fact of anatomy which may, under the rarest and most unlikely conditions, aid him to appreciate the results of an injury, or a displacement, or of a new growth; let him be grounded in all such items of information concerning the ultimate structure of organs and their mediate and immediate functions, and the changes to which disease subjects them.

Let him be placed so constantly alongside somatic sections that he will not only learn his anatomy, but that he will never forget it. Let him see things and think of them so often that he will, as it were, see through his patient as this man sees through his nut before he cuts it up. But I plead most earnestly that your successors shall be spared that senseless grind at useless details of anatomy with which our own young memories were burdened—details which he can remember only by a demoralizing system of catch-words—details which he prepares himself to forget the moment the necessity of examination is over.

Still more strenuously I appeal that our student be altogether relieved from that most senseless system of biological training which has set in as a fashion at Cambridge, at Oxford, and at Edinburgh. Not many years ago I attended a lecture on physiology given to medical students, which consisted in an explanation of a brass instrument resembling a model of Clapham Junction, intended to explain something about muscular fiber. I could not understand it, of course, I was too much of an old fogey, but I had this consolation, that when talking over it with my young friends who had attended the lecture with me, they could make nothing of it either, and it worried them as much as it had worried me. But there was a difference between us—it was demoralizing to them, for it dis-

couraged them, and small wonder! And how angry they must feel when they come to deal with human patients and human disease, that all these nonsensical details are of no use to them—not even for the purpose of general training—when they find, in truth, that the time occupied in mastering such subjects has been absolutely thrown away. For students who are disposed to appear for a science tripos, or who have such a line of life open for them or the tendency towards it, who are possible professors of anatomy or biology, this kind of work is of course admirable; but of our medical students, nine hundred and ninety-nine out of every thousand will have to find their positions at the bedsides of their fellow-countrymen in times of accident and sickness, and there such knowledge is useless.

I remember that we had to learn that the direction of the anterior cornu of the fourth ventricle of the brain ran a course which was backward, outward, downward, forward, and inward, and we were enabled in the most improper way to remember these important facts by the word "bodfi." Has "bodfi" ever served any of you at the bedside? Is there any conceivable condition of human accident or ailment in which "bodfi" could assist you to relieve your patient? The students who continue to learn such matters will find, as I have done, that they will be of no assistance to them to estimate the character of a delirium, and no amount of knowledge of the arrangements of the electrical currents in muscular fibre will help them to determine the proper relations of a splint. What I wish for our students is that they should go back to the institutes of medicine and leave comparative biology to those who may be able to benefit by it.

Again let me remind you of the terrible task that we had to fulfil in committing to memory the names and relation, the ligatures and points of contact, of the bones of the wrist and of the ankle-joints. To me this task has never served in the faintest instance. If, unfortunately, I had ever to submit one of my limbs to a joint amputation, I should most unhesitatingly insist upon the selection of that devised by Mr. Syme. The other more fanciful methods of amputation I believe are constantly condemned for very many reasons. Still, it may be that occasionally—perhaps ten times a year in the whole population of England—they are performed. For some specific reason they are not performed

by surgeons in the country, distant from reference libraries and anatomical museums, and men who elect to perform such operations can, in the course of twenty minutes or half an hour, master the relation of these bones sufficiently to enable them to carry out the particular object they have in view. The question which occurs to my mind with great force is, Can the occasional performance of these somewhat eccentric proceedings justify the infliction of the senseless labor of committing all these special peculiarities of these bones upon every medical student who has to appear for examination? I can not imagine that the committal to memory of these peculiarities can in itself constitute any kind of mental training, and I think the present system of anatomical education involves a gigantic waste of time and much frittering away of serious mental effort.

Resection of the Knee-Joint.

A very bold osteo- and arthro-plastic operation, so called by Gluck, in a communication which he made to the Academy of Medicine of Berlin, has been performed by him several times with marked success.

"I present," said he, "some of my patients in whose cases I have prevented a loss of bone substance by the method which I described at the last Congress of German Surgeons. This is one of the cases in which I performed the operation of resection of the knee joint, with its capsule. Having resected the articulating extremities, I fitted an ivory cylinder into the medullary canal of the femur and another into the canal of the tibia; having secured these, I united the two cylinders by means of a hinge (*charniere*), also of ivory. I have performed this operation fourteen times, and I can affirm that the apparatus has in no way complicated the recovery."—*Gazette Hebdomadaire; Sanitarian*.

Materia Medica and Therapeutics.

CONDUCTED BY S. E. EARP, M. D.

Acetanilid—Report of a Fatal Case.

Acetanilid is a valuable and positive analgesic, antispasmodic and antipyretic, and possesses some diaphoretic and diuretic properties, yet our knowledge of its physiological action is very imperfect. Actual experience

with the drug would indicate that in a few instances there have been cases where its effect has caused much alarm and a few fatal terminations. Although this is true, it does not necessarily follow that there is any more cause for alarm than in the administration of some other powerful and frequently used therapeutic agents. It is a fact, however, that a new agent that is as positive in its action as acetanilid would be dangerous in the extreme, if there was even the slightest contra-indication for its use. The most careful physician may meet with some bad results, and thus determine one of the conditions under which it should not be used, and since our acquaintance as yet is but slight, all such cases should be carefully noted for the benefit of the profession. With this in view I have requested Dr. W. H. Thomas to briefly report an interesting case that came under his observation. Without comments we give the report as furnished to us by Dr. Thomas:

CASE I. Mrs. H. has been a frequent sufferer from neuralgia of the stomach and head. I was called to see her April 30th, at 10 A. M. She was suffering with neuralgia of the stomach. Temperature 99, pulse 100. I prescribed morphia to relieve the pain, and bismuth and pepsin for the irritable condition of the stomach.

I saw her on the following morning at 8 o'clock, and found that she had had a chill during the latter part of the night. Temperature 103, pulse 120, full and strong. She complained of a distressed condition of the stomach; the pain was slight. The morphia not being necessary, it was discontinued. I gave quinia, two grains every two hours, and continued the bismuth and pepsin as before.

On same day I called at 4 P. M., and found her temperature 104, pulse 120, full and hard. Had the patient sponged, and gave five grains of antifebrin; other remedies to be continued.

I was called at half past six the same day, and found the patient with a temperature of 97, and the heart action so feeble that there was no pulse perceptible at the wrist. The extremities were cold. She was perfectly rational, extremely restless, and respiration good. The family stated that the temperature had begun to fall in half an hour after

the antifebrin had been given. I had excellent medical assistance, and we used whisky, ether, ammonia and strychnia, both by the stomach and hypodermically. We were unable to produce any increase in the action of the heart, and the patient was dead in nine hours after the administration of the antifebrin. All the conditions as to sensation, motion and respiration remained the same until death took place.

CASE II. I was called to see Mrs. R. and found her with cold extremities, heart's action so feeble that the pulse at the wrist was imperceptible. Respiration good, but she was quite restless. I gave ether, half a drachm, and in fifteen minutes repeated the dose. Ten minutes after this the heart's action began to improve, and in two hours it was quite good. On inquiry from the family I learned that she was subject to frequent attacks of neuralgia of the stomach and face, that she had been suffering from facial neuralgia for several days, and that one hour before I was called she had taken ten grains of antifebrin. She had not taken any other kind of drugs that day. She made a good recovery.

In both cases the heart alone (so far as symptoms were concerned) was the only organ involved. In both of these cases there was evidently an irritable condition of the terminal fibres of the pneumogastric nerve. My opinion is that these fibres were paralyzed, and in this way the action of the heart so impaired that death resulted. Reports of death from failure of heart action have become alarmingly frequent in the last two years. Can it be possible that this cause of death is more frequently noticed now than it was formerly, or have some of the new antipyretics something to do with it?

Acute Alcoholism Treated by Washing Out the Stomach.

Prof. H. C. Wyman, editor of the Detroit Emergency Hospital Reports, cites his method of treating acute alcoholism as follows:

Mrs. —, aged forty-three years, of good family, was attacked with melancholy, for the relief of which she was in the habit of taking rather freely of whisky. On this occasion she took an overdose, about two-thirds of a pint. She went into the street and fell to the sidewalk, unconscious. She was taken to the police station in the patrol wagon as

an ordinary drunk; but her symptoms soon became so alarming—she failed to respond intelligently to blows on the soles of her feet administered with a policeman's club—that a physician was summoned. Fearing she was not drunk, but paralyzed by apoplexy, the doctor had her taken at once to the Emergency Hospital. On arrival there she was found to be breathing stertorously, to have dilated pupils, which did not respond to light, to be profoundly unconscious, and to have a strong odor of whisky emanating from her person. The ambulance staff at once began artificial respiration, introduced a stomach tube, washed the stomach thoroughly with warm water, and injected it with a pint of good beef tea. After an hour of vigorous artificial breathing she began to exhibit signs of consciousness; the reflexes gradually returned, and at the end of a week of rest in bed, with good food and the regular use of tincture of gentian and capsicum, she left the hospital convalescent.

This is a method that we have frequently followed with the patient's consent, but the above is adopted without consent; it is, however, genuine, simon-pure treatment, and receives our endorsement.

Treatment of Jaundice.

Dr. L. E. Samuel says: I have tried many things for the relief of functional jaundice; many drugs highly lauded by "authorities" have in my hands proved of no value; others have seemed to arrest the progress of the trouble and to aid in slow return to health. The most efficient combination I have ever found is as follows:

R. Sodii phosphatis.....2 oz.
Aque pur.....1 oz.
Misce, et ft. solut. et adde:
Tinct. nucis vomice.....f 2 dr.
Tinct. gentian.....ad. f 4 oz.

Misce. Sig.—Teaspoonful three times a day.

This will often give relief where every other thing has failed to do so. If it prove too laxative, a smaller dose may be administered; but, under ordinary circumstances, the dose here given will be all right.

The same formula may be given with advantage in "biliousness," or trouble with the duodenum, or even in certain forms of dyspepsia.—*Index.*

Two drops of creasote made from beech tar, given with a little water, is a specific for hiccough arising from drunkenness.

For Coryza.

Put into a vessel, which should be deeper than it is wide, a teaspoonful of camphor and a tablespoonful of Listerine, pour on boiling water, and breathe the warm vapor through a paper cone, the narrow end of which should be cut so as to admit the nose conveniently. Inhale these vapors for ten or fifteen minutes every four or five hours, and after three inhalations the severest coryza will have disappeared.—*Lancet and Clinic.*

For Severe Epistaxis.

These cases serve to show the inefficiency of styptics, and to introduce a new domestic remedy, suggested by Dr. D. Hayes Agnew, namely, cylinders of bacon, large enough to closely fit the nostril, and long enough to reach the naso-pharynx.—*Univ. Med. Mag.*

Reviews and Book Notices.

Railway Surgery—A Practical Work on the Special Department of Railway Surgery: For Railway Surgeons and Practitioners in the General Practice of Surgery. By C. B. Stemen, A. M., M. D., LL. D., etc., etc. St. Louis: J. H. Chambers & Co.

We have examined this little work with some care, and confess our inability to find within its pages any other excuse for its existence than a seeming thirst on the part of its author to become an author, with perhaps a desire on his part to attract the attention of the profession to the National Association of Railway Surgeons, of which C. B. Stemen, M. D., etc., is Secretary, and to the *Journal of the National Association of Railway Surgeons*, of which he is the editor.

The work is notable for the amount of contained matter which the author has not written, i. e., the matter which the author has quoted. The title might appropriately be Quotations on Surgery, drawn for the most part from Essays Read before the National Association of Railway Surgeons, with numerous paragraphs from Standard Surgical Literature, collected by C. B. Stemen, A. M., M. D., LL. D., etc., etc.

The illustrations are, with few exceptions, reproductions from the catalogue of G. Tie-

mann & Co., and give evidence of that firm's willingness to contribute to current surgical literature their cuts of instruments, with the firm name annexed. There are, however, thirteen rude wood cut figures, which were evidently made to illustrate this work or the essays in it contained, and a nice portrait of John W. Jackson, M. D., of Kansas City, Mo.

The printing and binding are neatly done by J. H. Chambers & Co.; but it is evident that the typos unfortunately were not permitted to correct, revamp and break up the sentences of the author, to make them conform to some of the rules of Hart, Quackenbos, Gould Brown, Butler, Fowler, or any other authority. As evidence that the compositors had orders to follow copy, we quote some sentences. It is needless to comment upon the looseness of the author's style, the length of his sentences, etc. We select the following paragraphs on "Railway Concussion of the Spine," as illustrative of his style:

"Yet we have found quite a number who intentionally and with a purpose, exaggerated all the symptoms and in some case where no injury was received, but where a slight collision occurred, or a car had left the rails, causing a slight 'shaking up,' where no injury was complained of until after several weeks, when it was learned that the car-inspector had condemned the car on account of flattened wheel, thus making the company liable for damages, when severe pain and other symptoms of local injury in the back were complained of and continued until the claim was settled, when all symptoms of injury disappeared. In the many cases that have come under the observation of the writer not more than 5 per cent. are genuine, where no effort is made to exaggerate the symptoms. From all these facts how important that the surgeon who is intrusted with the care of the injured and the interests of the company employing him, should be careful in the investigation of every case of alleged injury, especially when symptoms of injury to the spine or nervous system are complained of."

Finally, Prof. Stemen may be a very skillful and successful surgeon in practice, but he certainly is not a perspicuous writer. He has not convinced us that "Railway Surgery

is [or ought to be] a rapidly growing specialty." We have failed to find any "Special Railway Surgery" in his volume that is worthy of consideration, which is not more thoroughly taught in much more elegant language in any standard, modern text-book on General Surgery in the English language.

W. B. R.

A Treatise on Neuralgia. By E. P. Hurd, M. D. Detroit: George S. Davis. 1890. Paper, 25 cts.; cloth, 50 cts.

This is an excellent work upon a very important and neglected subject. No great discoveries either in etiology or treatment are set forth in its pages, but the very best thought and experience of the best thinkers and experimenters are here condensed into a brief treatise, which will afford pleasant and profitable reading to the busy and the studious who like to get partially predigested mental food.

Rheumatism and Gout. By F. Terry Satterlee, M. D., Ph. D., etc. The Physician's Leisure Library. Detroit: George S. Davis. 1890. Paper, 25 cts.; cloth, 50 cts.

This little work merits a place upon every physician's table. While it suggests no new theory as to the causation of rheumatism, it affords positive, demonstrated, dietetic and therapeutic measures for the complete eradication of the disease. The author leans very strongly to the uric acid theory of causation.

Protoplasm and Life: two Biological Essays. By Charles F. Cox, M. A. New York: A. D. C. Hodges, 74 Lafayette Place. 1890. Flexible Cloth, pp. 67; 75 cents.

This little volume gives evidence of painstaking thought; the diction is elegant. We commend it to scientific men as worthy a careful perusal.

How to Preserve Health. By Louis Barkan, M. D. New York: American News Co. 1890. Cloth, pp. 334; \$1.00.

This is an excellent work for the non-professional reader, and to such is well worth the investment.

Wood's Medical and Surgical Monographs.

Published monthly; \$10.00 a year; single copies, \$1.00. Wm. Wood & Co., New York.

The July number contains Stricture of the Rectum, by Chas. B. Kelsey, M. D.; Influence of Heredity on Alcoholism, by Dr. Paul Sollier, Paris; Rabies, by Louis Pasteur, Paris; Colotomy, by Thomas Bryant, F. R. C. S.; Massage of the Abdomen, by Dr. Rubens Hirschberg.

It is enough to say of the typography that this volume is up to William Wood & Co.'s standard, and the authors engaged in this number are so eminent in their various spheres that each name is a guaranty of the quality of the work following it. We commend this volume.

W. B. R.

Special Notices.**The Indiana Medical Journal for 1890.**

JOURNAL, one year, \$1.00; JOURNAL and an excellent Clinical Thermometer, \$2.00.

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Pure Volatile Eucalypti Extract (Eucalyptol).—It is not generally known that there exists only one firm—Sander & Sons, Sandhurst, Australia—that is manufacturing the pure Volatile Eucalypti Extract (Eucalyptol). To produce the genuine article, green leaves, three years old and complete in foundation, are required. (See *Das Eucalyptus*, Professor Hugo Schultz, Bonn.) Sander & Sons is the only firm which own factories for that purpose in Australia. Samples gratis through Dr. Sander, Dillon, Iowa. Mayer Bros. Drug Co., St. Louis, Mo., sole agents.

Aletris Cordial.

Dr. J. E. Prichard, Baltimore, Md., says:—The Aletris Cordial I think a most excellent remedy, and have used it in ten cases of suppressed menstruation in all of which with the best results. Among my patients were four unmarried women, one aged twenty years, had her menstruation arrested six months, when she came under my care. She was swollen and suffered considerable pain at each monthly period, but she had no show of any catamenial discharge. I placed her on Aletris Cordial, teaspoonful doses, three times a day. She continued it for seven days, when she menstruated. I ordered her to commence again five days before her expected time to menstruate, which she has done. She is now regular and suffers no pain. In cases of hysteria, which we sometimes find complicated with leucorrhea, I have combined with Celerina, as follows:

R. Aletris Cordial 4 ounces.
Celerina 4 ounces.

M. Sig.—Teaspoonful every three hours for one day, then the next would give it four to five hours.

Obstinate Insomnia.

Dr. L. M. Wright, of New York, writes:—A very obstinate case of insomnia yielded promptly to the beneficent influence of Peacock's Bromides. One ounce taken in thirty drop doses at bedtime effected a permanent cure. The patient is now in good health, now two months since last dose. I shall continue to prescribe it in similar cases, and am very much pleased with its action in every case in which I have used it.

Hoff's Malt Extract, Tarrant's.

We are gratified to learn that Mr. Leopold Hoff, who introduced the original Hoff's Malt Extract into the United States in 1866, was awarded a silver medal at the Melbourne, Australia, Exhibition in 1889, and a bronze medal at the Industrial Exhibition at Hamburg, Germany, in 1889, for the superior excellence of his Malt Extract. At the latter exhibit he also received a special award of honor. This original preparation can only be obtained in the United States under the style of "Hoff's Malt Extract, Tarrant's," and is always to be relied upon when practitioners are in need of a safe, palatable, nutrient food.

Listerine.

In the March number of the *London Medical Recorder* appears the following article, commendatory of a well known American product:

"Listerine is an antiseptic and deodorizing preparation which has for many years been a favorite with American surgeons. Its qualities are due to the essential antiseptic constituents of thyme, eucalyptus, baptisia, gaultheria and mentha arvensis, in combination with which is associated a stated quantity of benzo-boracic acid. Experience points to its reliability in obtaining that condition of asepis which is the ideal of every surgeon, and it has the distinct advantage of being fragrant and non-poisonous. Its antiseptic and non-fermentative properties are not confined to lesions of the surface structures, and it is largely used for internal medication, in doses of a teaspoonful, in suitable cases. It does not coagulate serous albumen, and it is thus free from the drawback which so markedly limits the action of such agents as corrosive sublimate, most of which are, moreover, extremely poisonous. Listerine, then, is an agreeable and powerful antiseptic and deodorizer, well adapted for ordinary surgical work, available for internal administration, and useful for gargles, mouth washes and lotions, for which purpose it may be employed without hesitation, seeing that no mishap can occur, even in unskilled hands."

What! you haven't seen it? The finest train on earth. The Pullman Vestibule Line that runs between Indianapolis and Cincinnati on the C. H. & D. R. R., and you have not taken a dinner in the dining car? Why, young man, they set the best meal in those cars that I ever ate, and the C. H. & D. R. R. is as smooth as glass; you are not jerked from one side to the other; it is actually comfort and ease to ride on that road. Just pack your grip, and take a trip to Cincinnati some day, and you will learn a thing or two that is worth knowing. It is elegance and splendor, comfort and ease, speed and safety, to ride over the C. H. & D. R. R.

Succus Alterans.

Dr. L. R. Poole, Maysville, W. Va., writes: I am fully satisfied your Succus Alterans has no equal as an alterative. I commenced using it on a patient on the 11th of June last. The lady was covered with sores from the top of her head to the soles of her feet, and three bottles have entirely cured her, she thinks, but I prevail on her to continue the medicine for at least six months longer.

A Successful New Drug.

An efficient emollient and sedative is one of the chief indications in the treatment of the urinary tract. Among the remedies employed for this purpose pichi (*fabiana imbricata*), has, through long clinical testing, won an enviable place. The demand for this drug and the difficulties of obtaining proper supplies has led to the appearance in the market of much Pichi of inferior and therapeutically useless quality. Parke, Davis & Co. state that they employ a special agent in the habitat of this drug to collect supplies, and guarantee its quality. They will also on request supply samples to those physicians who desire to clinically test it in their practice.

Ponca Compound.

Dr. J. Jackson Crider, Ottumwa, Ia., says: After having watched the clinical effects of Ponca Compound in several cases, will state unqualifiedly that it works like a charm. Have been practicing here seventeen years and in New York City for fifteen years, and during that time have been continually seeking for a reliable remedy in uterine displacements, endometritis and ovarian neuralgia, but was never able to secure such until I found Ponca Compound. I sincerely trust that every physician might have my fortunate experience with the preparation.

California Wines.

From the Los Angeles and Sonoma vineyards, are received almost daily by Julius A. Schuller, 81 East Court street. His cellars are replete with this precious stimulant, as well as the other high grade of wines. Warranted absolutely pure, makes it advantageous for convalescents.

Robinson's Wine Coca.

The uncertain strength of Coca leaves make this drug very unreliable, unless a preparation is used, which we know to be made from a good leaf. "Robinson's Wine Coca" is prepared by percolating *assayed* coca leaves with Malaga wine, and has always been found entirely satisfactory. (See advertisement.)

Read all the advertisements. You may find something that may be of great importance to you.

THE Indiana Medical Journal.

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Original Communications.

DIFFERENTIAL DIAGNOSIS OF INTER-CRANIAL TUMORS AND ABSCESSES.

BY W. B. FLETCHER, M. D., INDIANAPOLIS.

Professor of Diseases of the Mind and Clinical Medicine,
Central College of Physicians and Surgeons.

The points of difference between tumors and abscesses of the brain are usually tabulated about as follows:

Tumors.—Slow in development; little mental disturbance at first; violent localized headache; vomiting; at last convulsions, epileptiform in character.

Abscesses.—Developes rapidly, usually following injury; drowsiness; paralysis or convulsions quickly developed; vomiting rare.

I give the following cases, which came under my observation during the past three years, when autopsies were permitted, at least to the degree of ascertaining the condition at the time of death.

Whatever enlargement or swelling occurs within the cranial cavity might be designated a brain tumor, the symptoms are always produced either by direct irritation from destruction of tissues or by pressure, an indenture of the cranial bones, or an increase of osseous deposit within the calvarium, gummatous deposits, or aneurism of the meningeal or cerebral arteries, or thrombic veins. Abscesses and new growths within the white or gray matter of the brain all produce pressure, irritation and loss of function. A growth producing pressure, however small it may be, must affect all matter within the cranium. That being full, it must follow that additional material must displace something. This displacement is first at the expense of the cerebro-spinal fluid, which is

either absorbed or forced into ventricles and the spinal canal; second, by diminishing the sulci and fibres dividing the cerebral cortex, and finally almost obliterating the convolutions. After the cephalo-arachnoidean and cerebro spinal fluids have yielded to pressure, the inter-convolute spaces are encroached upon, diminishing the rich vascular supplies of the pia mater.

I have seen several cases where the brain was so crowded into the calvarium that the only traces of convolutions were represented by slightly darkened lines, like pencil-marks on a billiard ball.

A tumor may develop to the degree of producing death without giving a symptom other than that produced by pressure or hydrocephalus.

CASE A. Was a man fifty-four years of age, an inmate of the Indianapolis City Hospital. He had been admitted on the ground of general debility; he looked pale, but was tolerably well nourished; there was no symptom of paralysis of sensation or motion, nor was there headache, vomiting or aphasia. For several months he had acted as an attendant upon other patients in the ward. Being called one night to give a cup of water to one of the inmates, he fell to the floor and expired before medical aid arrived. A post-mortem showed the only lesion to be an encysted abscess of the approximate size of a pullet's egg, located in the right temporal lobe, not affecting the cortex. The abscess was excavated as it were in the white substance, and encysted in a well defined membranous wall.

CASE B. A woman who was an inmate of the Indiana Hospital for Insane. She was anemic. She was never heard to utter a word in several years. Each day she performed all the duties involved in keeping her room in order, and in cleaning a certain space of

the ward. As soon as her work was done she took her stand at a certain place, and never moved except when meals were announced or the calls of nature attended to. She stood so much in that one spot that the floor was worn to a marked degree. She would get her hat when ordered, and go on the lawn with the other patients, but would stand under a certain tree all the time, if permitted to do so. Her face was expressionless; her motion slow and labored. No fever, cold stages, or irregularity of digestive organs had been noticed. One morning, while standing in her accustomed place, she sank to the floor dead, without a movement. The post mortem showed caries of the ethmoid and sphenoid bones, from which an abscess with thick walls had been lifted upward and backward, and had finally broken into the lateral ventricles.

CASES C and D. Were both negro boys, aged eight and twelve years. The symptoms were of gradually increasing stupidity without much pain or vomiting; headache that preceded was not very marked. The patients would take food when aroused, and after tossing the arms and legs for a few minutes would fall into a doze. One case extended over a period of eighteen months; the other but eight weeks. Diagnosis, cerebral abscess located nearly, if not quite, in the center, so evenly were all the symptoms distributed; but a post-mortem showed, in both cases, a hard fibroid tumor in the white substance of the centrum ovale. In one case the anterior lobule, and in the other middle lobule of the brain, were about the topographical location; but the post-mortem had been made by inexperienced persons, and the accuracy of localities not made at the time.

CASE E. Dr. S., a surgeon of the post at an Indian agency in the northwest, was accidentally shot by an Indian, the ball entering as supposed the right temporal lobule about the center. Some bone fragments were removed by an United States Army surgeon, who visited Dr. S. ten hours afterward—the doctor being unconscious till that time. The surgeon who probed the wound states, in a report of the case,* that the probe passed through from the opening on the right to the skull on the opposite side where the ball was lodged. With the exception of a slight convulsion some two months after, which was relieved by making an exit for a spicula of

bone and a few drops of pus, the doctor made a good recovery and returned to Indianapolis, his home, expecting to enter general practice. In a few months, however, he had an attack of malarial fever, he thought, but in a few days had a feeling of general numbness all over the body, soon followed by a convulsion, which ended in an unconscious condition lasting a few hours. Upon his "coming to himself," as he termed it, he requested to be trephined. This was done, and two rather ragged pieces of bone, as large as a gold dollar, were removed, followed by the escape of a little pus. A probe was easily passed as far as the falx, but no foreign substance found. The symptoms in the case were not relieved, and death occurred three days later. Post mortem carefully made; no foreign substance found in any part of the brain, but the lower third of the temporal lobule was forced into a pus sac, the white substance alone being involved and destroyed. In this case there was slight paralysis of the left side near the time of the convulsions, but at all other times nothing peculiar could be observed.

CASE F. Was a theological student, aged twenty-six, away from home on a vacation, was writing a letter to his mother, and suddenly noticed that he was not writing, but merely scratching unintelligible marks on the paper. He got up, walked out, and visited a friend, and while talking was seized with a convulsion, ending in unconsciousness lasting two weeks. There was no paralysis, but some aphasia. Recovery was gradual to that degree he was able to return home and walk about, visit friends, read and write, but nearly all the time had a feeling that his head was not right, and at time vomiting accompanied by severe headache. This continued five months, when stupor and aphasia were apparent. He could be aroused from both, but finally he slept his life away. The post-mortem showed a large glycoma occupying three-fourths of the left lobe of the brain, the cortex forming a shell, as it were, on the outer and inferior aspects; the whole brain was firmly compressed into the calvarium, the ventricles were empty. A section of the tumor showed it was fed by the middle cerebral artery.

In this case an extensive destruction of white substance had taken place; the center of the tumor was of a dark reddish purple, fading into a light yellow in its circumference; there were spots of soft material at

* Journal American Science, March, 1877.

A. Yes, write my name. Now I can move it pretty well. I think when I had this trouble in my fingers, that was five years ago, I thought I could use my right hand all right. Then there was no trouble there; it was all here. (Shows arm.) It had been cut there, etc.; there were three or four doctors that did it.

Q. In regard to the left hand, can you write with that?

A. I used to write with that, but I did not like it; it did not look so well as this, so I went to work with this.

Q. You can move your wrist very well?

A. Yes. You see this wrist is large. When I went—I can not remember where it was; I hurt it by using it.

Q. In the last ten years have you been a drinking man?

A. No, sir.

Q. Smoking?

A. No, sir, never in the—in the—in the world. I never used anything. All I drink is just—cold water.

Q. Have you been subject to headaches at all?

A. Never.

Q. You have no discomfort in your body except your hand?

A. I am—in the night I turn over a good deal. When I am well I can write?

Q. Can you write now?

A. I know—I could not. I could not think enough to write, because the trouble here hurts me. If—if—if I talk too much—I must get away from here. In the first place I used to be able to write, and I am—I am a good—if—if—if I wanted anything I could write as well as I used to. I used to go—go to—go to—go to—I used to be called a pretty smart man.

Q. Have you had any pain on either side of your head?

A. Not that I know of.

Q. Where has the pain been?

A. In the first place right here front of my head. Sometimes I would feel it clear down. When I was—when I was at Battle Creek it was a little warm; there were three or four men talking, and all at once something hit me, and I thought something came—we had a great many—a great—I mean—I mean there was a—a there were a great many—trees I thought it was; now I don't think anything of the kind. And after a while—and it is so now once in a while, I can not walk, though I would stand up and undertake to walk, and see how straight I could go, and now I can walk quite well. I can walk right straight with my—my—my eyes shut.

Q. (To Wife) Does he sleep well?

Mrs. —: No, for seven months after he was taken sick, I don't think he slept one hour steady. In five minutes he would waken, and begin with his foot and go back and forth.

Q. Was it a complete paralysis of this right foot?

A. It was, but now it seems almost as well as ever.

Q. Urine highly colored?

A. It was before now. Dr. — said his kidney trouble was nothing but a stomach trouble. He has had this urine trouble for years. He had had these deposits in the water for ten years.

Q. In regard to his memory of events?

A. He knows everything that ever happened.

Q. Any difference of temperature in his right and left side?

A. I used to think so, but I do not think so now.

Q. In regard to speech, do you think it changes at all?

A. Yes, sir. If anything tires or worries him.

Q. For a month at a time?

A. Almost all the time. Two months ago he could not speak anybody's name. He could not call my name; he got so he could say Annie.

Q. Any special part of speech he could not remember?

A. Yes, sometimes he could not get a word, but if I said it he could say it after me.

Dr. —: Doctor, I will tell you one thing I know just as well as ever I did. If you tell me your name I can not tell you, but I know it. You tell me that lady's name, and I shall know her whenever I see her, but I can not perhaps tell her name. I used to have the best memory.

Q. It is all in speech?

A. Yes, there is no doubt at all but what there has been an embolism in the Island of Reil.

The post mortem in this case showed an extensive abscess with well defined walls, occupying all the region of white substance, supplied by the middle cerebral artery of left side.

CASE I. Was a saw manufacturer, aged fifty. Two years ago sank away in a faint while at work, and had several fainting spells during the following week; was slightly paralyzed on the right side, no paralysis of face or tongue; health failed, and during the following eighteen months became slightly aphasic, finally difficult deglutition, occasional slight convulsions, and death from a gradual coma of ten days or more. Post-mortem, found extensive yellow softening in left side, involving white structure of cerebrum. There was no vomiting or persistent headache, nor mental confusion, until the last four months.

CASE J. Aged twenty-one; walked in the July sun (temperature 110°) some six miles; fell exhausted; had some vomiting; recovered in three days, could walk about, but felt chilly most of the time; had some headache; vomiting on sixth day, convulsions on twelfth day—convulsions most of the time; can not see, but pupils normal; headache in occipital region; pulse normal; no loss of reflexes; takes food of liquid character, but does not feel hungry; death on thirty first day from inanition. Autopsy not permitted, but hurriedly made sufficient examination to show large abscess occupying the right occipital lobule.

CASE K. Aged thirty. Localized pain for several months in frontal region; had two or three convulsions within a year. Continued

active in business, and most cheerful in disposition. Died in a convulsion, after spending an evening with friends, when his unusual good humor and wit were marked.

Post-mortem:—Brain crowded the calvarium; it was of unusual hardness and weight. There was general softening and thinning of of the bones, particularly at the base of the skull. The sella turcica was absorbed, the cribiform plate gone, and any point of bone would break down under the finger like a rotten sponge saturated with oil. There was no tumor or abscess in any part; all the large cerebral vessels were in a state of fatty degeneration. The brain was in a state of hypertrophy, and nearly the consistence of cold tallow; from one hundred grains of cerebral tissue, seventy grains of matter were extracted by ether.

The above cases are given to point out the most characteristic symptoms presented. I am led to believe that many cases of tumors have their nidus in embolism, or some slight hemorrhage, and that tumors from this cause thrive for a time, and then commence a series of changes to softening in the center; and thus we have in a single case all the phenomena of both tumor, abscess, and perhaps at last general softening.

There are many symptoms produced alike in either tumor or abscess, when the location is the same; but there is nothing characteristic in the temperature, pulse, respiration, mental phenomena, or physical manifestation in general, to define one from the other. When an injury is known to have been received, and the symptoms appear soon, we would infer an abscess rather than a tumor.

MY FIRST OBSTETRICAL CASE FIFTY YEARS AGO—A BEWILDERED YOUNG ACCOUCHEUR.

BY J. F. HIBBERD, M. D., RICHMOND, IND.

As to day is the semi-centennial anniversary of my assumption of the responsibilities of the practice of medicine, perhaps a pertinent way of celebrating it will be to narrate the leading incidents of my first case of obstetrics, the picture of which, for reasons that will presently appear obvious, is still held undimmed in memory's fast colors.

My office was opened on the 14th day of August, 1840, in the village of Salem, in the northwestern part of Montgomery county, Ohio, about twelve miles from Dayton. A

fortnight perhaps after this event, riding along the highway, I was accosted by a countryman who inquired what should be done for his wife, who was in the ninth month of her seventh pregnancy, and had been wasting water from the womb at intervals for several days. Presuming she was on the eve of labor, he was advised to do nothing but notify me as soon as the pains of parturition were recognized. I did not hear from him for three weeks, when he piloted me in the night four miles in the country to a log cabin on the border of a fresh clearing, the journey affording me opportunity to extract from him all attainable pertinent information.

A bit of confession here will not only be timely, but a key to some of the embarrassment to be rehearsed as the pith of my story. My advent into the ranks of practitioners at the time mentioned was a matter of necessity, not of choice. Returning from my first course of lectures in Yale College, in the early spring of 1840, a fissure in my finances was discovered, that soon widened into an impassable crevasse, creating a dilemma from which I saw no deliverance except to follow the advice of my preceptors and other medical friends, who would persuade me to begin practice at once in some lonely nook of country, where no better doctor was to be found. In my first course of lectures I had adopted an idio-grading of my studies, devoting especial attention to elementary branches, passing the advanced practical teaching, with only outline notes for closer consideration at my second course to follow in a year. But now the second course was off, and practice must come on, and after an earnest application to the study of the text-books on active work for four months my service began as above.

When my first obstetrical engagement was made, as already noted, I took down Meigs' Practice of Midwifery, the first edition then two years old, and about memorized all its instructions for duty in the lying-in chamber ready for the call hourly expected. When hours waxed into days, and days into weeks, the delay was interpreted to signify something wrong in the case, and this idea was confirmed when the husband, on the trip out, stated that his wife had continued the water waste daily since he consulted me three weeks before, and had other anomalous disturbances. Meigs had given no instructions for such a case, and Prof. Tully had not hinted at the like. Accordingly I entered the house

handicapped with the conviction that I was to encounter unusual conditions.

The cabin had but one room, which contained, beside the parturient, all the neighboring mothers within inviting distance—such was the fashion of the time and place—numbering six or eight. Learning on inquiry that the bed had been prepared, I suggested that the patient lie down, but the leading woman, with a look of astonishment, replied, "Why, doctor, she has not had her baby." It was now the turn of the inexperienced accoucheur to be astonished. But after explanation it was learned that the bed was for the woman after the labor was completed, and the birth was to take place under this unique arrangement: The husband sat on a chair, and passing his feet through a doubled hank of woolen yarn, it was pulled up and encircled both legs just above the knees, and on the lap thus prepared the parturient took her seat, placing her widely separated feet on the rounds of chairs occupied by women, who held her hands, while I sat on a chair between her legs, my lap covered with a folded sheet to protect my clothes, and receive the new-born. Readers of Engelmann's instructive book—*Labor Among Primitive Peoples*—will recognize this arrangement as almost identical with that pictured as existing in early days in Southern Ohio, on the authority of Dr. E. B. Stevens, and was said to be in vogue also in some parts of Pennsylvania, Virginia and Missouri. It was a strange device to me at the time, but before leaving that region I delivered probably three hundred parturients in that position.

While these novel preparations were being completed I was as plastic clay in the hands of the potter, and was molded, sheeted and placed at my post without let or hindrance. This strange procedure had been, up to this moment, watched with amused curiosity, but the preparations were barely completed when a pain coming on an examination was made with the result of a sudden revulsion of feeling, the amused curiosity being promptly supplanted by distressing apprehension. I expected to find something recognizable as the os, which as it was to be a dry labor would dilate slowly, affording time to make out the presentation and cultivate an actual acquaintance with the tangible machinery and mechanism of parturition, but so far from this the examination disclosed nothing that I recognized; no os was found, instead there was a large pulpy mass within easy

reach, that to my perturbed tactile sense resembled nothing in normal nature. My untutored touch found only an aggregation of unctuous convolutions closely packed. My wits went woolgathering. Was it possible that the weeks of water waste had been the drainage of an ascites or a cyst, and now the abdominal contents were being forced down beside the womb and presenting through the vaginal wall? For a brief period my heart throbbed, and my skin was bedewed as in a Turkish bath, but my wild speculations were interrupted by a fresh paroxysm of pain, and the fearful tumor began a movement from mid-pelvis, and without pause at the outlet, and with a piercing scream from the patient, the whole mass was shot out into my trembling lap. A moment's blank and then I recognized a lively baby, and gathering my scattered thoughts I speedily realized that not only did I have an active baby, but the mother was alive and her bowels *in situ*. With returning reason my knees regained their composure, the cord was cut, the infant handed to the nurse and the afterbirth delivered. Doubting the propriety of permitting the fresh puerpera to walk to the bed, I passed my arms under her body, lifted her from her husband's lap and laid her in bed, receiving the warm commendations of the bevy of attendant women for having so admirably conducted the services of the occasion to a successful and speedy termination with concealed compunctions, but openly with, I trust, becoming modesty. The accoucheur's merit, if any there was during the trying ordeal, consisted in holding his tongue and seeming wise.

In explanation of the mishaps of this night of added concepts, the following is submitted: That I did not know much is patent on the face of the facts, nevertheless if I had been called in the first stage of labor without prejudice I would have gotten through all right with some trepidation; but with three weeks' contemplation of the case, announced in the beginning to be anomalous, there was abundant opportunity to conjure up difficulties, and accordingly I reached the lying-in chamber under a strain of apprehension. The books assume that the neophyte in midwifery will make his initial vaginal examination when the os is but little dilated, and observing the changes step by step, will understand the relation of things at all stages of progress; and therefore no description is furnished of a fetal head approaching the inferior strait

NOTES AND COMMENTS.

We note with regret the sad news of the death of Dr. Matthews Duncan at Baden, on the 3d inst., at the age of sixty-four years.

Inebriety has been successfully treated with strychnia sulphate or nitrate in solution or pills, or by hypodermic injection. The doses used were .001 to .003, once or twice daily, by Max Buch and others.

Prof. Wesley Mills, of McGill University, Montreal, announces a new doctrine in his text-book on Physiology, and in the *New York Medical Journal*. It is this: "*The capillaries of the body are glands. They are glands not only in the glomeruli of the kidney, but everywhere else.*"

The renowned Koch announced at the late meeting of the International Medical Congress, that he had discovered a substance which would prevent the growth of tubercle bacilli, not only in the test tube but in the animal organism also. Inoculation of animals with the substance (which he is not yet ready to announce) imparts to them immunity to inoculations of the bacilli tuberculosis, without injury to the animal. That is to say, the substance used to protect does not injure the organism into which it is inoculated, but renders it immune to tuberculosis.

A suit for \$200,000 has been entered by William Radam against the *Druggist's Circular*, of New York, for the publication in that journal of an analysis of the plaintiff's microbe killer, by Dr. R. G. Eccles, a prominent chemist of Brooklyn, who stated that an identical preparation could be made by the following formula, at a cost of five cents per gallon:

R. Oil of vitriol (impure) 4 drachms.
Muriatic acid (impure)..... 1 drachm.
Red wine, about..... 1 ounce.
Well or spring water..... 1 gallon.

The *Druggist's Circular*, 72 William street, New York, would be glad to receive reports of any case in which the administration of the microbe killer has produced unfavorable results.

In a recent letter received from our genial editorial brother and friend, Dr. I. N. Love, of the *Medical Mirror*, he is pleased to speak of the *INDIANA MEDICAL JOURNAL* as follows: "I want to congratulate you on the improved appearance of your JOURNAL. It is prettier than a speckled pup, and from the sportsman's standpoint there is nothing prettier than that; but inasmuch as I am not a sportsman, I will say from the standpoint of an artist that your JOURNAL is a success."

The veteran Dr. Jas. F. Hibberd, of Richmond, Ind., has just passed the semi centennial anniversary of his professional life, and very appropriately emphasized the day by writing to the JOURNAL the story of his first obstetrical case. It is probable that it will bring vividly to the memory of every practitioner that harrowing day in his own life. May the doctor live many years to adorn the profession he has served so faithfully and long, respected and venerated by his conferees, loved and honored by his patrons and friends.

The *Pacific Med. Journal*, of September, publishes the initial number of a series of papers entitled "Modern Homeopathy Viewed Homeopathically—the Grounds of a Homeopath's Loss of Faith," by Samuel O. L. Potter, A. M., M. D. The author lifts the flimsy veil of pretense which intervenes between the public and the true inwardness of the so-called system of homeopathy, and convicts the schism out of the mouths of its own writers and practitioners. There can be no defense, as the utterances are from the most eminent apostles of that so-called school.

Dr. M. M. Griffith affirms that pills made from the extract of poke-berries is a reliable anti-fat. "It has been my custom," says he, "to gather, in the fall after frost, a quantity of berries, express their juice, and evaporate it to the consistency of an extract, of which I make pills of three or four grains. The dose is two pills before each meal, sometimes increased to three or four. They diminish

appetite to some extent. In some cases the reduction of weight is remarkable, as much as fifteen to twenty pounds per month."

Dr. T. J. Heard says: In nineteen cases out of twenty, infantile spasms or convulsions may be arrested in one minute by the application of one or two dry cups on the back, from the seventh cervical to the first dorsal vertebra. This will secure a remission, during which emetics, purgatives, or anything else that indications require, may be used.—*Med. Times.*

Proceedings of Societies.

Marion County Medical Society.

At the first Fall meeting of the Marion County Medical Society, September 16, 1890, a paper was read on Scarlatina by Dr. Nash. This is a contagious and infectious disease, due to a specific germ, which is volatile and portable. This specific poison is derived both from exhalations from the throat and from the desquamative scales. Nothing is definitely known of the life-history of the micro-organisms, yet it is known that their virulence lasts for as much as three years. Epidemics occur most frequently in the autumn. Prophylactic treatment is useless. The period of incubation is from two to eight days, though it has extended eighteen days after exposure. Mild cases may be interspersed with those of utmost malignancy, even in the same family. Persons exposed, especially those who have passed beyond childhood and youth, may have sore throat without eruption, even though they have had scarlatina in earlier years. So great is the similarity between the sore throat of scarlatina and that of diphtheria, that were the eruption and extreme high temperature absent the latter disease would be diagnosed. The temperature may reach 105° F., but subsides as soon as desquamation begins. He treats scarlatina best who is alert, and ever watchful for complications, meeting the indications as they arise. There is no successful routine treatment for this disease.

DISCUSSION.

Dr. Woodburn: This disease is very contagious, and the mortality great. I am not, however, sure by any means that it is due to a micro-organism, but rather suspect the ma-

teries morbi is a chemical poison. To illustrate the great length of time clothing or other material may retain the poison, the doctor said: Thirty years ago I attended a case of scarlet fever in this city, which proved fatal. I asked the family to destroy all clothing, etc., or subject them to washing and a high temperature. Just previous to the death of the little sufferer, the mother had put a pair of woolen hose on its feet to keep them warm. These hose were stored away with other of the babe's apparel. Some time after this death another babe was born to these parents, and one year after the death of the scarlet fever patient, when there was no scarlatina in the vicinage, these hose were put upon the infant. Scarlatina resulted.

The disease is sometimes so mild as to require little if any treatment, and is frequently called scarlet rash. Not long since such a case occurred in this city, and the attending physician failed to recognize the case until desquamation began, and so failed to report the case to the Board of Health. The child was permitted to go about and infected five or six children, one of whom died of acute Bright's disease. The doctor was indicted by the Board of Health for failing to report the case; his defense was that he did not recognize the case as scarlatina until the stage of desquamation, and *as the disease was not contagious in that stage* he thought it unnecessary then to report. Notwithstanding that all authority and expert witnesses testified that the usual carrier of the infection is the epithelial scales cast off in desquamation, the judge acquitted the doctor.

Dr. Hadley stated that cases were sometimes kept from the knowledge of physicians and health boards, lest financial loss should follow exposure. He had known infection carried from a grocery store, which had a partition reaching only part way to the ceiling, and beyond which the patients were situated. Gave an instance of infection from a house four months after the fever had subsided.

Dr. Ferguson took up the gauntlet cast by Dr. Woodburn, sen., and warmly advocated the germ origin of the disease.

The president, Dr. Stone, admired the paper of Dr. Nash, and approved it except that portion attributing the disease to the influence of a micro organism. He stated that the disease causes twenty thousand deaths annually. The disease seems not always to be propagated by infection, but originates in

damp, unhygienic quarters in a manner which indicates spontaneous generation. He knew of a patient having been infected three years after the termination of the disease in the infecting patient.

Dr. Maxwell approved the paper *in extenso*, but desired to speak of the treatment of the diphtheritic sore throat complication, more especially with a view to calling out experience as to the utility of peroxide of hydrogen. This is an excellent disinfectant and germicide in strength of 1:1000, 1:500, or 1:200. He has used it full strength as a spray, promptly dislodging the diphtheritic exudate. In one case of diphtheria, when other means had failed, H_2O_2 cleared out the membrane. Persons acquire immunity from the infection of scarlatina with the increase of years, though the sore throat often attacks persons somewhat advanced in life if they attend or nurse the disease, even though they have passed through an attack of scarlatina.

The paper was further discussed by Drs. Wilson, Woodburn, jun., and others, after which the Society adjourned.

Practical Medicine.

The Treatment of Pertussis by Bromoform.

Dr. Louis Fischer (*Med. Record*) reports sixteen cases of pertussis treated by the administration of bromoform ($CHBr_3$). Bromoform is a colorless liquid, boiling at $151^\circ C.$, and solidifying at $2.5^\circ C.$ It is produced by the action of bromine upon alcohol in the presence of an alkali. In practice milk of lime is saturated with alcohol, alcohol is added and the mixture distilled.

Dr. Stepp, of Nuremberg, applied the drug successfully in the treatment of whooping-cough. More recently Prof. Senator, through his assistant, Dr. Loewenthal of Berlin, published an article endorsing Stepp's treatment, recommending its further use, and promising to again publish his results. He noticed in some cases decided benefit as early as the second day of treatment; in others the third or fourth, according to the severity of the case.

Vomiting disappeared in the first week of the bromoform treatment. Bronchitis, as a

complication of tussis convulsiva, seemed to be benefited during the course of treatment. In a case where a toxic dose of the drug was given, the following symptoms were noted: Contracted, pin-point pupils; small compressible pulse; pale countenance; cornea not reacting; on auscultation long, deep inspiration; hardly any expiration was noticed; the heart sounds were scarcely perceptible. The child reacted immediately on giving a hypodermic of sulphuric ether.

Dr. Fischer's cases were cured permanently within fourteen days, except two, one of whom died from a violent attack of gastro enteritis catarrhalis, and the other was still under treatment. In all of his cases amelioration of marked degree was noted early in the course of treatment, and improvement rapid in uncomplicated cases.

In all cases he urges the mothers or nurses to count the paroxysms of coughing occurring during a given time, say twelve hours. He also asks them to note carefully the number of violent and of mild paroxysms, and he then graduates the dosage accordingly.

He has used bromoform in fifty-one cases, and regards it as the best known remedy in pertussis when properly used. Owing to its discoloration and extreme volatility, he administers it from dark bottles, well stoppered, after meals to children and after nursing or feeding to infants. When the liquid becomes brown it contains free bromine, and should not be used. The doses are given in a small teaspoonful of water, using great care to see that the bromoform, which is heavier than water, is not left in the bottom of the spoon. Being pleasant to the taste, there is not any difficulty in administering this drug to children. Doses required are as follows: For children under and up to one year of age, two to three drops three or four times a day, according to severity of the case; children from two to four years of age, three to four drops three or four times a day; children from four to eight years of age, four to six drops three or four times a day.

The Administration of Creasote in Phthisis.

We note in our exchanges evidences of the revival of the treatment of phthisis by beechwood creasote. The editor of the *Cin. Med. News* says he devotes much space to the consideration of creasote in phthisis because experience has taught him of its special value, and because, from conversation and correspondence with Southern and South-western physicians in particular, it does not appear that this agent has yet been generally tried. The treatment was discovered in the beginning of the nineteenth century by Reichenbach, and revived by Bouchard and Gimbert in 1879; their favorite formula was:

R Creasote.....min. xxxj;
Tincture of gentianmin. lxxij;
Alcoholdrachms x;
Tokay or Malaga wine.....ounces v.

Dose: From one drachm to half an ounce.

After reviewing the opinions of the most eminent authorities, and giving his own experience, the editor gives the following conclusions:

1. Intra pulmonary and intra-tracheal injections of creasote are of doubtful utility, and may be positively injurious.

2. For administration by mouth or rectum, solutions and emulsions of creasote are preferable in most cases to capsules, pills or wafers.

3. Milk is an excellent vehicle for the administration of creasote in solution or in emulsion.

4. Each method of administering creasote, viz., by inhalation, by mouth or rectum alone, and by both these channels simultaneously, is useful, and may be partially adapted to individual cases. In suitable cases the most rapid progress seems to be made when all these ports of entry are utilized.

5. The best results for each individual attend the administration of the maximum quantity of creasote which the patient will bear.

6. The average patient will not easily tolerate more than ten or fifteen minims of creasote *per diem* for any great length of time, and many will bear only two or three drops *per diem* continuously administered.

7. It is very important that the treatment be uniform and uninterrupted.

8. Consequently an effort should always be made, if intolerance of creasote is shown by any one mucous surface, to employ some other channel of introduction, in order that the continuity of the treatment be not interrupted.

Hot Enemata in Typhoid Fever.

Following the suggestion by Professor I. T. Tchudnovsky, Dr. Theodor K. Geissler, of St. Petersburg (Vratch, No. 22, 1890), has undertaken an experimental inquiry into the action of hot enemata on patients suffering from enteric fever. In all, five cases (males, from fifteen to twenty-nine years) were selected for the purpose, each experiment lasting eight days, and being divided into two periods of an equal duration, during one of which the patients received daily, at 11 A. M., an enema of one quart of water at 105.5° F.

The essential results of the researches are as follows:

1. Hot enemata manifest a very favorable influence on the intestinal tract in typhoid fever. In cases of diarrhea, they markedly diminish the frequency of stools and improve their quality, the feces becoming less fluid. The injections also relieve abdominal pain, and produce a beneficial action on constipation when present.

2. Immediately after an enema, the bodily temperature, as a rule, slightly rises. When examined an hour later, the temperature proves to be the same as, or even lower than, the temperature before the enema.

3. In the long run, the injections seem to promote defervescence, or, at least, the transformation of a continuous fever into a remittent or intermittent one.

4. Immediately after an enema, the frequency of the pulse commonly somewhat decreases, to increase at the end of an hour. At the same time, the pulse becomes firmer and fuller, its diastole less pronounced, and the cardiac contractions more vigorous.

5. The respiration usually quickens, but becomes slower in an hour or two.

6. The blood pressure distinctly rises.

7. The daily amount of urine increases, while the specific gravity sinks.

8. The enemata are invariably perfectly well borne, the patients being rather pleased with them, and a sensation of well being always follows. As a rule, the injection is retained by the patient from twenty to thirty minutes.—*Med. Age.*

The Action of Microbial Products on Microbes and on the Organism.

"Microbes are always the indispensable cause of virulence; they are always the cause of immunity, I dare not say the indispensable cause, but they only produce their effects by means of the chemical matters that they secrete." With these words Prof. Bouchard premises, in the *Revue de Medecine* for July, one of the most comprehensive studies of the action of the products secreted by pathogenic micro organisms that have appeared. The subject has been studied experimentally by the action of bacterial products on microbes; by the action, both harmful and useful, of these products on the animal organism; by the action that the products of a microbe exercise on the infection produced not only by that but also by another microbe; and by an examination of the measures by which these products influence infection, by their action both on the microbe-destroying state of the humors and on phagocytosis.

The products of the vitality of a microbe, as of all living cells, are multiple. Many of these substances are not toxic, but the toxic matters of a single kind of microbe are numerous; they are diastases, alkaloids, volatile acids, etc. And the author believes that the inoculable are distinct from the toxic matters. Among the local lesions of infection, the chemical alterations of tissue depend on diastase, but it is extremely probable that the paralysis of the leucocytes, the obstacle to phagocytosis, is due to some other toxic substances, called toxins. Infectious fever seems to be due to diastatic substances, and perhaps to certain cellular alterations that occur in the liver, kidneys and muscles, while any nervous phenomena depend on the toxins. Whatever the substance that produces immunity, it is not believed that it is a diastase.

The conclusions deduced from the experiments seem to prove that among the substances secreted by microbes is a substance capable of injuring directly the development, multiplication and secretion of the micro-organism, although this is indirectly favorable to the microbe by chemically modifying the environment. There are substances secreted by a microbe that are either inhibitory or favorable for microbes of other species. There are microbes that secrete substances poisonous to animals, and it is this toxicity that constitutes the virulence of a microbe.

While there are pathogenic microbes that secrete inoculable matter, it is not by its presence alone that this matter produces immunity, for in some way the inoculable matters so impress the animal organism that even when they are eliminated the humors permanently remain less propitious to the vitality of the same microbe. The inoculable substances change the activity of the cells in some fashion, so that even when eliminated the leucocytes, though confronted by the same microbe, more abundantly effect diapedesis and more energetically accomplish their phagocytic function.

Though the soluble matters of a microbe when injected at the same time with an inoculation of the same microbe render the infection more intense, yet the same matters injected some days before inoculation, far from aggravating the infection, inhibit or attenuate it. With antagonistic microbes—that is to say, those in which a simultaneous inoculation generally develops one only—it is noticed that the soluble matters of the stronger inhibit the weaker, though if injected at the same time with an inoculation of the weaker they produce a moderation and attenuation of the infection most pronounced if given in the same locality. Auxiliary microbes may, by the inoculation of one or the injection of its soluble products, allow the other to develop in an animal that is naturally refractory, though, in case the virulence of the microbe should be slowly attenuated, it would only develop in an unrefractory animal.

The bacteria-destroying condition of the animal organism produced by the injection of bacterial matters should appear at the end of the first twenty-four hours; and it is neither suppressed nor suspended by a new injection of such substances as have conferred the immunity. In animals that have a natural or acquired immunity, and that are capable of resisting a pathogenic microbe by phagocytosis, the soluble products of that microbe would inhibit phagocytosis, while in animals having no immunity, natural or acquired, but capable of resisting non-pathogenic or attenuated pathogenic microbes by phagocytosis, the products of a virulent microbe will inhibit the phagocytosis. These results prompt the question of what other substances, microbial or not, can produce the same effect on phagocytosis, or is the latter the mechanism by which they act?—*N. Y. Med. Jour.*

The Use of Ergot.

The use of ergot in all forms of internal hemorrhage that are out of surgical reach is so thoroughly ingrained upon the medical profession as to have become a sort of second nature. The capillary hemorrhage of purpura, the alarming gush from a ruptured vessel in a cavity of the lung, the suspected leak from the floor of a typhoid ulcer alike call for and get the universal hemostatic, ergot. More than once has it been shown that where hemorrhage comes from vessels larger than capillaries, ergot is not only useless but positively harmful, since its power of contracting the arterioles increases the blood pressure and consequently the flow through any but the smallest vessels. It should be borne in mind that there is no sense in giving ergot for any but capillary hemorrhages except where the bleeding comes from the uterus. The plea that something must be done is no excuse for senseless procedures. The natural course of a hemorrhage is to make the patient faint; the circulation becomes slow and gives a chance for clots to form in the ends of cut vessels. All have seen this happen where small vessels have been cut and intelligent assistance could not be procured. Why not follow nature's example, and when there is reason to suppose that the bleeding comes from any but the smallest vessels give a cardiac sedative, such as aconite or better yet veratrum viride.—*North-Western Lancet*.

Dr. DeLancey Rochester lays stress upon the importance of always making a local examination in cases of hay fever. The nose and throat ought to receive a thorough going over in every case. It is also a good point to remember that some cases of hay fever may be due to anemia, and to prevent this being overlooked we ought always to examine the blood if we are at all puzzled in finding the cause of an attack. Operations for the correction of any nasal error ought always to be undertaken and insisted upon. He has never had any bad results from the use of cocaine. For constitutional effects he has had the best results from the use of quinine, hyoscyamus and opium.—*Buffalo Med. and Surg. Journal*.

A case of fracture of the cervical portion of the spinal column is reported to have been recently cured in the Presbyterian Hospital in Philadelphia.

Obstetrics and Gynecology.

BY FRANK C. FERGUSON, M. D.

The Female Urethra—A Source of Trouble often overlooked in our Gynecological Investigations.*

Mrs. C., aged forty-eight, came to me from a neighboring town, some months ago, for some supposed uterine ailment. She had been married about twenty-five years, no children, and had not yet reached the menopause. She had suffered great pain for many years, and was now almost a complete physical and nervous wreck. She had visited many springs and health resorts, had suffered many things of many doctors, to say nothing of the limitless numbers of nostrums, blood purifiers, liver and kidney cures, uterine tonics, etc., *ad nauseam*; and like the poor woman we read of in the old book, "neither could be healed of any." She was above the average in culture as well as common sense, and being possessed of a sanguine temperament and great will power, she was saved from falling a victim to the opium or some other miserable habit.

Some months before coming to me she had been in an infirmary conducted by one of the best gynecologists of Georgia. That she had at that time some uterine trouble, and that she was judiciously treated, is not at all questioned. She was kept under constant treatment there for several months and received some benefit, and her general health was built up and improved; and yet she was still an invalid and a great sufferer.

On examination by touch I found the vaginal canal smaller than normal, with considerable vaginismus. Digital examination painful; coition very seldom indulged in, and exceedingly painful. The uterus was in normal position, somewhat atrophied and freely movable, yet I could not find sufficient disease of the uterus or ovaries to account for her condition.

A short time before this I had the pleasure of attending a number of old Dr. Emmet's clinics at the Woman's Hospital in New York. At one of these he did his button-hole operation, and dwelt at some length upon female urethral troubles, and their long train of nervous consequences. Having so recently had my mind impressed, I naturally fell to

* An epitome of a paper read before the Georgia Medical Association, May, 1890, by K. F. Moore, M. D., Macon, Ga.

investigating in this direction for an explanation of this patient's condition. Hid away in the urethra, just a little way behind the meatus, I found what I regarded as the true origin of this lady's long years of suffering and broken health. On the inferior wall, and just within the urethra, were two papillary angiomata, not larger than a very small pea. These growths were exceedingly sensitive to the touch, and would bleed upon manipulation. It required but very slight pulling open of the meatus to expose the nearest one to view, and indeed, while it was not actually in sight without opening the meatus, yet it was so near as to give a slight pouting to the meatus. The other was a little to one side of the urethra, and near half an inch behind the first one. These insignificant little tumors had, on the principle of a fissure in ano, set up a train of reflex neuroses that had undermined the patient's health and constitution, destroyed her health and made life a burden.

This case is given to illustrate the force of the idea set forth in the title of this paper. Dr. Emmet was eminently correct when he laid at this door the origin of many female troubles. There can be no question but that we too often pass by this cave of concealment in our eager search into the deeper anatomical recesses for the enemy of female health. Here he often lurks unseen, and having undisputed sway plays sad havoc with many a nervous system, and makes miserable wrecks not only of the women themselves, but often also of the happy households over which they preside.

It is not my purpose to discuss the many pathological conditions to which the female urethra is subject. Indeed I can not go at length into the discussion of them. Yet it is well, in passing, to mention that we may have to deal with such affections, for instance, as dilatation, culminating, it may be, in urethrocele, stricture, dislocations, prolapsus, urethritis, specific and non-specific; ulceration, catarrh of Skene's glands, etc.

It is my purpose to direct attention to new growths in this location. For example, urethral polypi, fungoid excrescences, fibroma, sarcoma or epithelioma. The object in mentioning these various possible conditions of the female urethra, is to emphasize the importance of a thorough search into every case brought under notice, even though there be no very decided symptom pointing in this direction.

Narrowing this paper to the new growth most frequently encountered, as well unfortunately as the one which gives the most distressing results, viz., papillary angioma or caruncle, I propose to give some of the most prominent symptoms indicating its existence.

Except fissure in ano, there is probably no pathological condition of such apparent innocence and insignificance, capable of producing such a train of distressing and baneful consequences. These growths produce symptoms which bear no relation to their size. The symptoms produced are frequently not, or rather would not be referred to the urethra or bladder. The exquisite sensitiveness and pain on micturition is frequently absent, as in the case above recited.

A Jarvis speculum, or an ordinary pair of dressing forceps, will usually enable us to clear up the diagnosis as to the presence of a neoplasm; and if there be one, no time need be spent in differentiation of the several varieties, so far as treatment is concerned. Excision, as complete as possible, is the most effective means of cure. Should the base be broad and flat, and any doubt be had as to the completeness of the removal, use the curette, and then, if accessible, use Paquelin's cautery or a red hot wire. Hemorrhage can be controlled by the usual means.

Many growths are non-sensitive, yet give origin to reflexes which are usually referred to the uterus, tubes or vagina.

The point I wish to emphasize is the possibility of the existence of local trouble in the female urethra, of sufficient consequence to superinduce all these neurotic symptoms and general ill health, and yet the patient would give absolutely no history to lead us in this direction in our investigations.

The Knee-Chest Posture in the Correction of Shoulder Presentations.

Dr. Wells (*Am. Jour. of Obstet.*) gives the history of the employment of the knee-chest posture in this malposition of the fetus. This method was recommended as far back as the beginning of the Christian era, and was taught by various writers in the eighteenth century. That it has of late been forgotten, or fallen into disrepute, is possibly due to the ease with which version can be done under chloroform or ether in the ordinary obstetric position. The editor of the *Medical Record* thus

epitomizes Dr. Wells' paper: If the physician is called early to the case, and diagnoses this presentation, it is usually advisable to delay until the os is well dilated or easily dilated. The patient is then placed upon her knees and chest, or in any other position that will swing the uterus forward and away from its original attachment. The hand is then introduced, the membranes are ruptured if still intact, and by pressure upon the shoulder within, and upon the breech or head from without, the shoulder is pushed from the os, and the head is made to replace it. The woman is now raised upright upon her knees, and supported in this posture until the head becomes fixed in its new position by a pain, and the woman is then allowed to lie in the customary position while the labor proceeds as in a simple head-first case. In some instances the head can not be brought to engage at the os, and then the shoulder must be pushed in the opposite direction until the breech engages or a foot is brought down. In bringing the head or breech to the os, the fingers or hands need not penetrate deeply into the uterus, but in seeking the feet they must pass far in, as the long diameter of the uterus is increased by the posture of the woman.

Surgery.

Bloodless Amputation at the Hip-Joint.

At a meeting of the New York Academy of Medicine, held April 14, 1890, and reported in the *N. Y. Medical Journal*, May 10, 1890, Dr. John A. Wyeth presented two patients to the Society, upon whom he had done an amputation at the hip-joint for sarcoma of the thigh, and also read a paper on this operation as devised and carried out by him.

It is well known that the high death rate after hip joint amputation is chiefly due to hemorrhage. Compression of the aorta or common or external iliac has not rendered the operation less dangerous. The figure of eight elastic bandage of Esmarch, carried above the crests of the ilium or around the abdomen, and the transfixion with a single needle passed in front of the neck of the fe-

mur and beneath the vessels, over the ends of which a rubber cord is carried only in front of the thigh, as advised by Trendelenburg, are improvements on the older methods, but are far from satisfactory.

The operation is described by Dr. Wyeth as follows:

The patient being placed in position, with the hip of the side to be operated on well over the corner of the table, the foot is elevated and an Esmarch bandage applied to drive the contained blood towards the heart. The bandage should not be tightly put on over the seat of the disease for fear of driving septic matter into the circulation. With the rubber bandage still in position, the needles are next introduced.

Two steel mattress-needles, three-sixteenths of an inch in diameter and a foot long, are used. The point of one is inserted an inch and a half below the anterior superior spine of the ilium and slightly to the inner side of this prominence, and is made to traverse the muscles and deep fascia, passing about half way between the great trochanter and the iliac spine, external to the neck of the femur and through the substance of the tensor vaginæ femoris, coming out just back of the trochanter. About four inches of the needle should be concealed by the tissues.

The point of the second needle is entered an inch below the level of the crotch internally to the saphenous opening, and, passing through the adductors, comes out about an inch and a half in front of the tuber ischia. No vessels are endangered by these needles. The points are protected by corks to prevent injury to the operator's hands.

A piece of strong white rubber tube half an inch in diameter and long enough, when tightened in position, to go five or six times around the thigh, is now wound very tight around and above the fixation needles and tied.

The Esmarch bandage is removed and five inches below the tourniquet a circular incision is made, and a cuff which includes the subcutaneous tissues down to the deep fascia is dissected off to the level of the lesser trochanter, at which level the muscles and vessels are divided squarely and the bone sawed through. All vessels (including the veins) which can be seen are tied with catgut, and the smaller bleeding points can be discovered by slightly loosening the tourniquet.

The remaining portion of the femur is now easily removed by dividing the attached

Eligible Vehicles for Quinine.

Doubtless every pharmacist and physician has his favorite method of disguising the taste of unpalatable drugs, but not everyone is aware that the enterprise of manufacturing pharmacists now offers such a variety of vehicles from which to choose. Some rely almost exclusively on pills and capsules, whereby the drug is smuggled into the stomach without recognition by the gustatory nerves. But there are patients whose apparatus for deglutition is so constructed as to render it almost impossible for them to swallow pills or capsules as well as cases where it is all important to secure immediate absorption of the medicine. When given in pill form, no matter how soluble the mass, an appreciable time must elapse before the remedy begins to have its effect.

How, then, can we administer quinine in solution or suspension—particularly to children or delicate ladies—without causing a disturbance in the family every time a dose has to be given? To children quinine may often be given advantageously by inunction, and the oleate of quinine especially, applied to the surface in this way, is readily absorbed and produces promptly the characteristic effect of the drug. Suppositories must not be forgotten in cases where the stomach is particularly irritable, and the hypodermic injection presents itself as a *dernier ressort* when a prompt and powerful influence is required. But in ordinary cases quinine may be administered by the mouth.

One plan is to mix the quinine with some alkali or astringent so that the bitter sulphate or muriate becomes converted into the tasteless alkaloid or tannate. Another plan is to combine with the quinine a mixture having a bitterness of its own, which shall blend with and modify the intolerable bitterness of the quinine, some aromatic being generally added to still further disguise the objectionable taste.

It is on this principle that cascara cordial operates, and many of those who have tried this vehicle declare that it is the best that has yet been offered. The especial advantage which it possesses over all others is the fact that it is a laxative agent, and so renders more efficient the action of the anti-periodic.

Licorice has been long known as having a remarkable power of covering the taste of bitter medicines. This property is due to a peculiar principle called glycyrrhizin, a glucoside, insoluble in water and acid solutions,

but readily dissolved by the aid of alkalis. Where quinine is given in powders, it may be rendered nearly tasteless by simply rubbing it up with a small quantity (one-fourth its weight) of ammoniated glycyrrhizin (ammonium glycyrrhizate).

"Fluid extract licorice, for quinine mixtures," is one of the most efficient of all the preparations employed for covering the bitter taste of quinine. The best way to use it is to drop a dose of the powder into a little of the fluid extract contained in a spoon, mix it thoroughly and swallow at once.

Aromatic elixir of licorice is to be used in the same way as the fluid extract, but is especially useful in the drug store when a single dose of quinine is called for to be taken at once.

Yerba Santa contains a principle analogous to glycyrrhizin, which renders quinine in its presence as tasteless as starch. It appears to act like glycyrrhizin by producing a peculiar impression upon the gustatory nerves; it does not, as stated by some, produce with the quinine an insoluble compound. Unless the mouth is thoroughly rinsed after taking the mixture, a bitter taste will gradually develop as the nerves recover from the influence of the yerba santa.—*Northwest. Pharmacist.*

Remedy for La Grippe.

We feel wedded, not to La Grippe, but to the remedies mentioned for its relief. We believe the sheet-anchor of treatment to be the following formula:

Acetanilid one drachm.
Tongaline three ounces.
Elixir of lactopeptine ... three ounces.

A dessert spoonful every two to four hours is indicated, accompanied in some cases by the carbonate of soda. Convalescence is slow; the alimentary tract is more or less disturbed. More of the cases in our observation have had catarrhal disturbances of the digestive tract than of the air passages. The nervous system is particularly "rattled," and recovery of tone on its part is very slow. Tonics later are indicated.—*Med. Mirror.*

Solvents for Camphor.

According to Sazeau, the addition to camphor of ether or alcohol increases the quantity which chloroform is capable of dissolving. To this Hoffer adds that olive oil saturated with camphor will dissolve six times as much as iodoform.—*Pharm. Journal.*

Reviews and Book Notices.

Practical Electricity in Medicine and Surgery. By G. A. Liebig, Jr., Ph. D., Assistant in Electricity, Johns Hopkins University, Lecturer on Medical Electricity, College of Physicians and Surgeons, Baltimore, etc.; and George H. Rohe, M. D., Professor of Obstetrics and Hygiene, College of Physicians and Surgeons, Baltimore, etc. Philadelphia: F. A. Davis. 8vo., 383 pp., \$2.00.

This work will contribute its part to the rescue of a rational therapeutic measure from the charlatans. The work is divided into three parts (in the same volume), viz.:

Part I—Electricity, Magnetism, Batteries, Storage Electricity, etc. Part II—Electro-Physiology, Electro-Diagnosis, Electro Medical Apparatus. Part III—General Therapeutic Effects of Electricity and Methods of Application, Special Electro-Therapeutics, Appendix, Index.

A specially valuable chapter is that upon Localization of the Effects of Electric Currents—Motor Points of Muscles. We commend this work to our readers.

Familiar Forms of Nervous Diseases. By M. Allen Starr, M. D., Ph. D., Professor of Diseases of the Mind and Nervous System, College of Physicians and Surgeons, New York. Wm. Wood & Co., New York.

This is a timely publication, as it brings to the general practitioner the main facts in the symptoms, pathology and treatment of nervous and mental diseases, which have been so largely developed by specialists within the past five years. In no special branch have greater discoveries been made in anatomy, pathology and treatment, within the past century, than that in the cerebro-spinal system; and Dr. M. Allen Starr has conferred a favor upon the student and busy practitioner, in giving so concise and well illustrated treatise upon the subject. It is of special interest because of the large number of cases given; and great value is given to the work in a carefully prepared chapter upon prescriptions in use in the Nervous Department of Vanderbilt Clinic.

Electricity in the Diseases of Women, with Special Reference to the Application of Strong Currents. No. 5 in the Physician's and Student's Ready Reference Series. By G. Betton Massey, M. D., Physician to the Gynecological Department of the Howard Hospital, etc. Second edition, revised and enlarged. Philadelphia and London: F. A. Davis. Price, \$1.50 net.

It is our opinion that the value of electro-therapeutics has been over-stated, and that too much is expected of this method of treatment. The favor with which the profession has received this work is evidenced by the exhaustion of the first edition within a few months. Four chapters have been re-written, in order to discuss the recent progress of definite knowledge in this art. The author states that in making additions he has adhered to the rule of discussing only those therapeutic suggestions that have been personally verified by himself. The work is valuable, cheap and concise.

A Treatise on Headache and Neuralgia—Including Spinal Irritation and a Disquisition on Normal and Morbid Sleep. By J. Leonard Corning, M. A., M. D., Consultant in Nervous Diseases to St. Francis Hospital, etc. With an Appendix: Eye Strain, a Cause of Headache. By David Webster, M. D., Professor of Ophthalmology in the New York Polyclinic, etc. New York: E. B. Treat, 5 Cooper Union. Cloth, \$2.75.

This is an excellent book by men of large experience in the treatment of the diseases upon which they write, and will be a valuable addition to the library of every physician, whether specialist or general practitioner.

Intestinal Diseases of Children. By A. Jacobi, M. D. Geo. S. Davis, Detroit.

This is a double number of the Physician's Leisure Library, by a master, and is worth more than the cost—fifty cents.

Hypodermic Medication. By Bourneville and Bricon; edited by G. Archie Stockwell, M. D., F. Z. S. Geo. S. Davis, Detroit.

This, like all other numbers of the Physician's Leisure Library, is well worth its cost, viz., twenty-five cents.

New Books.

The seventh edition of "Da Costa's Medical Diagnosis," is now announced by J. B. Lippincott Company as ready. The work has undergone a thorough revision at the hands of its eminent author, and many chapters have been entirely re-written, so as to inculcate all that has been added to our knowledge of disease up to the present time. A number of wood-cuts are included, especially of such micro-organisms as have proved to be of practical significance in diagnosis. All the illustrations are original, and many are from sketches, or based on sketches, taken directly from cases of interest. There is no work more helpful to a young practitioner than this one, which has already been pronounced by eminent critics "the best book on diagnosis extant."

Another valuable book just issued by J. B. Lippincott Company, is Prof. Garretson's *Treatise on the Diseases and Surgery of the Mouth, Jaws, Face, Teeth, and associate parts*. Upon the appearance of the first edition many years ago, it assumed the leading place as a text-book, to which its merit and the distinguished position of its author entitled it. Much important matter has been added to the new edition, together with numerous illustrations, which greatly increase its value to dentists, surgeons and physicians.

Treatment of Diphtheria by Inoculation with the Microbes of Erysipelas.

In the *Repertoire de Pharmacie* for July, 1890, it is stated that Dr. Babchinski was attending a case of grave diphtheria occurring in his own son, in which a rapid change for the better occurred coincidentally with the appearance of erysipelas on the face. The fever rapidly fell, the false membrane disappeared, and cure rapidly took place. Dr. Babchinski also states that in several other cases he noted a great improvement coincident with the appearance of erysipelas, and in one of them the erysipelas occurred on the leg and not on the face. These facts suggested to Dr. Babchinski the idea of inoculating diphtheria cases with blood taken

from patients suffering from erysipelas, and he states that in several cases in which he employed this procedure cure resulted. Later on he practiced inoculation of other cases of diphtheria with cultures of the microbe of erysipelas in agar-agar, and likewise noticed the disappearance of the symptoms of diphtheria. He further adds that when the inoculations were made all special treatment was suspended, and in no case did the erysipelas present any sufficient gravity to cause uneasiness. He concludes by stating that, if his observations and experiences are confirmed, this treatment should rob diphtheria of all its dangers.—*Therapeutic Gazette*.

Thiol in Skin-Diseases.

Prof. Schwimmer, of Buda Pesth, has used thiol—a substance very similar to ichthyol, but free from unpleasant odor, and made by heating gas-oil with sulphur—in a large number of skin-diseases with remarkable success. In herpes zoster, acne simplex, and rosacea, in moist eczema and in burns, he paints the affected part with a solution in distilled water, of the strength of one in four, twice a day, not washing the application off for two or three days. In some long-standing cases the washing is still longer delayed. In some cases an ointment (one in three) was employed, and in some the dry powder itself.—*Lancet*.

A certain very rich and avaricious man conceived the idea of receiving gratuitous advice from the English doctor, Abernethy. For this purpose he invited the physician to a dinner party, and in the course of ordinary conversation, he insinuated his own case by remarking:—"Doctor, suppose a man has symptoms—thus and thus. What would you advise him to take?" Abernethy answered: "I should advise him to take medical advice."—*Edgar Poe*.

In orchitis and epididymitis, the pain, tenderness and swelling is greatly relieved by the the local application of a combination consisting of oleate of morphia, oleate of bismuth, lanolin and oxide of zinc ung.

It is said that in London opium smoking is practiced under the direction of a physician, who gives directions as to the preparation of the drug and the technique of its smoking.

Special Notices.

The Indiana Medical Journal for 1890.

JOURNAL, one year, \$1.00; JOURNAL and an excellent Clinical Thermometer, \$2.00.

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If twenty-five cents extra is sent with the order, I will be responsible for the safe delivery of the instruments.

Remit by postal note, post-office order, or express order. Do not send local checks.

Address, DR. FRANK C. FERGUSON,
19 West Ohio Street, Indianapolis.

Succus Altorans.

Dr. Wm. R. Goodfellow, Roche, Cornwall, Eng., writes: I have used in my practice the preparation known as Succus Altorans, and have much pleasure in bearing testimony to its great value. For diseases having their origin in a syphilitic source, I believe the Succus to be the one reliable specific, for I may add that invariable success has been met with by me when prescribing the remedy in question, even after the failure of other alteratives. I shall continue to rely on the Succus in all cases I have indicated herein.

Pure Volatile Eucalypti Extract (Eucalyptol).—It is not generally known that there exists only one firm—Sander & Sons, Sandhurst, Australia—that is manufacturing the pure Volatile Eucalypti Extract (Eucalyptol). To produce the genuine article, green leaves, three years old and complete in foundation, are required (see Das Eucalyptus, Professor Hugo Schultz, Bonn.) Sander & Sons is the only firm which own factories for that purpose in Australia. Samples gratis through Dr. Sander, Dillon, Iowa. Mayer Bros. Drug Co., St. Louis, Mo., sole agents.

Trotting and Racing Association Meeting, Rushville, Ind., September 30th, October 1st, 2d and 3d, 1890. Only one fare. Tickets good on all regular trains on the above dates, and will be good returning until October 4, 1890. Call on nearest agent C. H. & D. R. R.

Katharmon in Treatment of Chronic Cystitis.

Dr. J. J. Norwine, Bismarck, Mo., says:—Katharmon, like many other new medicines brought to the notice of the profession, has been used and misused, praised and condemned before fair trial has established its therapeutic properties and application. I have been using Katharmon with the atomizer in the treatment of catarrhal troubles of throat and nose with better results than any other remedy, but especially do I feel thankful for its usefulness where I am called to treat sub-acute or chronic cystitis. I use a fifteen to twenty-five per cent. solution of the remedy, and in preparing it boil the cistern water employed, and then wash out the organ every other day with the remedy thus diluted, and in all cases thus used have most excellent and surprising results. Also by means of absorbent cotton saturated with three parts of Katharmon to one part glycerine applied to irritable and itching hemorrhoids afford speedier and quicker relief than with any remedy that it has been my pleasure to employ for many years past.

In prescribing the products of manufacturing pharmacists, we should be guided to a great extent by the business standing of the manufacturers. No other house in the South or West has a better reputation for strict integrity than the firm of R. A. Robinson & Co., Louisville, Ky. We do not hesitate to recommend the preparations advertised by them in this number of the JOURNAL.

Dr. G. W. Watts, Auxvase, Mo., says:—I find Celerina very useful in cases of old persons, whose digestive powers are failing, and in the convalescing period of those old persons from acute diseases, such as pneumonia, bronchitis, gastro-enteric troubles, etc. In two cases recently treated of this kind Celerina seemed to restore both the nervous and digestive system. Both of these cases were very old persons; they are now apparently well.

Hysterical Seizures.

Dr. V. Lehman, Hahnville, La., says:—I am happy to state that Peacock's Bromides has fully gratified my expectations in such cases as hysterical seizures, insomnia, general nervous irritability either local or constitutional. A case of epilepsy is so far improving as to widen the intervals more and more between the attacks.

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Original Communications.

ON THE ACTION OF QUININE.

BY W. BYFORD RYAN, M. S., M. D., INDIANAPOLIS.

In the whole materia medica no more important medicine can be found than the one I have chosen for the subject of this essay, except possibly opium. None has a broader field of indications; none is used so much empirically; none of equal power is so innocent. If I fail to interest, it may be that blunders or misconceptions will stimulate thought, which will not be barren of good results; at all events the theme is not a dead one.

"Tonics," says Dr. Billings, "are substances which give to the nervous system power to generate, or secrete the nervous influence by which the whole frame is strengthened." Couple with this definition the statement *that the nervous system derives its force from an adequate supply of blood, wanting in none of its essential elements*, and we have advanced one step in the solution of the question whether tonics are nerve medicines or blood medicines.

The condition of debility which calls for a tonic treatment is traceable to a lack in the blood of some essential element, which lack interferes with the due exercise of the functions of the nerves and other organs, thereby impairing their nutrition.

Experiments are recorded by Headland—and there can be no doubt of their authenticity—by which it has been demonstrated that there exists in the blood a substance chemically similar to one found in all of the *vegetable bitter tonics*.

Quinine has been taken as the type of these bitters. Careful analysis has shown that there is in the bile a substance (the

same as that above mentioned found in the blood), which is as nearly chemically identical with quinine as the vegetable bitters are with each other. This *animal quinine* is designated by the term taurine.

It may be reasonably claimed that so long as the blood contains the proper proportion of this substance, the system possesses an immunity from the inroads not only of miasmata, but to a certain extent of the infecting principle of most zymotic diseases.

Of several persons exposed to the same poisonous influence, some are stricken while others escape. We are accustomed to explain this by saying that the susceptibility to take on disease depends upon the condition of the system, which means (if it means anything) that the susceptibility is increased in proportion as the amount of taurine in the blood falls below the normal quantity.

Physiologists have discovered that taurine is elaborated by the liver, and that it is reabsorbed from the surface of the small intestines, from which it follows that whatever its office may be its field is within the blood.

If, from an inherent poverty of the blood, or from some hepatic derangement, a sufficient quantity of taurine is not produced, we have resulting loss of appetite, languor—in a word, debility, and tonic treatment is indicated.

Two classes of tonics are at our disposal, viz., those which will afford to the blood the lacking substance, as quinine and the other vegetable bitters; or we may accomplish the same result by means of cholagogues, which will stimulate the liver to return to its duty of manufacturing the taurine necessary to give to the nervous system its wonted tone. Here we may answer those who so triumphantly ask why we administer mercurials to persons whose bilious skin indicates that there is no lack of bile. The question is certainly asked simply because it is supposed to

be unanswerable; for, otherwise, we may ask why administer the vaunted substitute for mercurials, viz., podophyllum and leptandrin. Heretofore, regulars have uniformly, I believe, answered by saying that empiricism has taught us that the hepatic stimuli do good in such cases; now rational therapeutics indicts the answer "that hepatic stimulation supplies the wanting element of the blood, i. e. taurine, which is lacking in the biliary secretion, though there may be no lack of cholesterine." Under this head tonic doses of mercury sometimes accomplishes the work better than quinine, especially when assimilation is defective.

Malaria, and other poisons, may gain a foothold and establish disease by reason of a diminished supply of taurine in the blood; and this condition the poison may aid in bringing about by entering the circulation through the lungs, and exerting a blunting influence on the nerve-centers which control the secretory organs, notably, in this connection, that of the liver.

To successfully combat the enemy we must bring about a restoration of the blood to its normal constituents. To effect this eliminate the poison and restore the taurine. The result will be the same whether it be accomplished by any one of the following methods, or combinations of them:

1. By administering the vegetable bitters enough taurine may be added to the blood directly to restore it to its normal state, thereby vanquishing the disease and recuperating the wasted energies of the system.

2. We may rely upon the mercurials, or such remedies as will stimulate the liver, to elaborate the needed taurine; and if the blood be sufficiently supplied with the ultimate elements of this substance, we gain by a different method precisely the same results as by the first methods.

Thus theory, as well as experience, teaches that with the second method as an auxiliary to the first, better results are obtained than from either alone.

3. If the enemy still hold the fort, we must make a direct attack upon the *materies morbi* by means of such agents as arsenic, iodine, carbolic acid, etc., to break up the ague or other zymotic disease.

Often a combination of the three methods will be needed to effect a permanent restoration to health, since it is not only necessary to destroy the poison, but also to restore the blood to its normal condition, and secure an

action of the producer of the wanting element of the blood.

These deductions, drawn from the Headland theory, constitute the only explanation of the tonic and antiperiodic action of quinine and kindred substances, seems rational.

The writer does not believe, however, as Dr. Headland does, that quinine has no effect upon the healthy organism. It grows naturally out of the premises that if its equivalent, taurine, is of so much consequence and exerts such power in the system as is claimed for it, in normal quantities, it surely, if introduced into the circulation in excess of the standard or maximum quantity, would exert an influence in proportion to such excess. In such cases, the blood being unable to appropriate it, the excess becomes a neurotic, and its effect, instead of being permanent as in hematic medicines, is transient. Thus, we are enabled to explain why tonic doses of quinine are stimulant, while bold doses are sedative, e. g., five to eight grains stimulate, and consequently add fuel to fever-heat and heart-action, while thirty to sixty grains, administered within a period of thirty minutes to a patient whose body-heat and heart-action are very much above the norm, produce rapidly the opposite effect. Hence, we conclude that the acme of quinia's effect as a blood medicine has been reached when the nervous manifestations supervene. The impression made upon the nervous system by quinine is that of excitation or stimulation.

This effect is especially appreciable in the functions of nerves of special sense. The *tinnitus aurium*, the intolerance of light following its exhibition in quantities greater than can be utilized as a hematic, attest this assertion.

By exciting the nerves supplying that organ uterine contractions are produced, provided the drug be exhibited under conditions suitable for securing its action upon the nervous system. But can quinine exert a sedative influence if it acts primarily as a nervous stimulant? To answer this question satisfactorily, we must glance at the physiology of the branches of the pneumogastric nerve, which are concerned in the circulation of the blood. Experiments made upon this nerve have given results exactly opposite to what would be expected of a nerve containing motor filaments, and distributed to a muscular organ. Section of the pneumogastric in the neck, far from arresting the action of the heart, increases the rapidity of its pulsations,

and galvanization of the nerve arrests the heart's action; from which phenomena we conclude that the pneumogastric, by virtue of branches from the spinal accessory, exerts a direct inhibitory influence upon the heart. It follows that an excitor of this nerve will diminish the frequency of the pulsations, and by the action of the depressor nerves, other branches of the pneumogastric reduce arterial pressure.

To recapitulate: The action of the quinine (which is the type of the vegetable bitters), seems to be as follows:

1. It is a restorative blood medicine when introduced in the proper quantity into a system whose blood lacks in the principle, taurine. The influence on the nervous system, in such cases, being merely secondary.

2. It is a nerve medicine when introduced into a system whose blood is already supplied with taurine, or when exhibited in quantities greater than the blood can appropriate.

Its action as a hematic is tonic and anti-periodic. Its action as a neurotic is stimulant. It may therefore act, as I have indicated, as a heart and arterial sedative, by stimulation of the cardiac branches of the pneumogastric and spinal accessory, or by predilection for special nerves, accordingly promote a variety of functions. For example, it doubtless possesses valuable properties as an oxytocic.

Correspondence.

Cincinnati Letter.

Editor Indiana Medical Journal:

Dr. S. C. Ayres has returned from the Rocky Mountains, where he went to escape the hay fever.

Dr. L. J. Krouse has returned from New York, where he spent six weeks looking up the latest in his specialty.

Drs. Max Thorner, Max Koehler, W. W. Seely and W. W. Rhoads have returned from the International Congress at Berlin.

Dr. A. W. Johnstone, of Danville, Ky., has removed to Cincinnati, and is in partnership with Dr. T. A. Reamy in his private hospital for women.

Dr. W. S. Christopher, Demonstrator of Chemistry in the Medical College of Ohio, has been called to the chair of Theory and

Practice, University of Michigan, and has departed for his new field of labor.

The Cincinnati Obstetrical Society held its September meeting at the residence of Dr. E. S. McKee. The subject for discussion was, Obesity in its Relation to Menstruation and Conception, which was opened by a paper by Dr. McKee. The next meeting will be held at the residence of Dr. T. A. Reamy, the third Thursday evening in October, being deferred one week on account of a number of members being in attendance at the Mississippi Valley Medical Association, at Louisville.

Dr. J. T. Whittaker was married during the summer vacation to Miss Virginia Joy, of St. Louis. The doctor and his bride took a trip to Europe, which is said to have been a very joyous one. It is said that when the doctor went to ask for his bride, he was so filled with Joy that his tongue, usually his most obedient servant, was paralyzed with Joy. The old gentleman seeing his embarrassment, surmised his wishes and said with as brave an air as possible, "Well, I don't care a Whit—tak 'er." The doctor's friends, who are legion, wish him and his wife a long and joyful married life.

The Order of Deaconesses has a strong advocate in Cincinnati in the person of Dr. E. G. Zinke. This is a German organization for the training of nurses for the sick, be they rich or poor. The rich, the doctor said, could not get competent nursing because the demand largely exceeded the supply. The poor could not get it for love or money; for both were scarce with them. He considered that the physicians of this country and a suffering people in general, had a great lack of competent nurses. In a recent address for the benefit of this order he gave a careful history of its origin, growth and development. Lodges organized for the benefit of the sick do a good work, but nurses supplied in rotation this way are not always very beneficial. He gave a graphic description of nursing by friends and relatives where one advised this, the other that. All display a sincere interest and kind spirit, but seldom, very seldom, do they know properly the function of a nurse, and frequently do more harm than good. The doctor was speaking to a German audience, and said: We are justly proud of our German origin and descent, but we also rejoice that we have become Americans. We esteem the land of our fathers in the sense in which well trained children es-

teem their parents, but we stand by the land of our adoption as an honorable man should by the wife of his bosom. We owe to our adopted country our entire strength, our noblest thoughts and feelings, nay, our most affectionate attention.

E. S. McKee, M. D.

Cincinnati, October, 1890.

The Prevailing Epidemic of Reflex Affections.

The *International Journal of Surgery* presents some timely thoughts upon the Prevailing Epidemic of Reflex Affections. The article might be so extended as to embrace every specialty. Look carefully, and if you do not see a reflection of self you will certainly behold your neighbor:

It is natural, and indeed inevitable, that those who devote their lives to the study of some special group of diseases, or who limit their practice to the maladies of some one organ, should magnify the evils that spring from the affections with which they are brought in contact, and extend the sphere of their influence beyond the ordinarily accepted limits. The interdependence of the bodily functions is such that it is not beyond the range of possibility for the remotest results to flow from any one derangement. Hence has arisen the teaching of reflex diseases, against which, as a truth, no word can be said.

Now it can readily be seen that such a theory of disease is liable, if not kept strictly within bounds, to degenerate into a pair of pathological spectacles of colored glass, in which all things are seen—not darkly—but clearly; only, alas! all of one color. Thus, A. is a gentleman of uterine proclivities, and his glasses are green. The pathological world is clear and verdant to him. A sub-involution or a urethral caruncle explains to him the cause of the maladies that afflict one-half of humanity; and if perchance a fibroid tumor or swollen ovary rewards his search for something removable, then indeed he has the very pathological devil by the hair!

But then here comes B. His glasses are not green—but blue. The scene of his exploits is the nasal cavity; a narrow space, and somewhat excluded from public view; hence must he bestir himself the more actively, and make what noise he can. In his azure view the turbinated bodies form the

prominent features of the landscape, and in the recesses of the nasal sinuses must the fountain of health be sought for. There is a background of lungs and heart and general system—which he perceives dimly; but their condition is of no importance in comparison with the necessity of having a rectangular septum or an absolutely smooth pharyngeal vault.

C.'s glasses are neither green nor blue. They are smoked, and he lives and has his being in the atmosphere of the distal end of the alimentary canal. He finds that mankind suffers from rectal fissures, hemorrhoids and constipation. There are some other troubles, it is true, but, as he said recently to a myopic friend of ours—"Only have your sphincter ani dilated, and your eyes will be all right!"

These gentlemen can not all be right; they must all at least be partly wrong. Yet do we see them, day in and day out, in medical journals and at medical meetings, claim each one for his own special field the most far-reaching results. And the specialist of general medicine is very apt to get tired of comparing their conflicting claims, and so rejects them all.

There is a modicum of truth in regard to reflex maladies overwhelmed and hidden by the excess of *ex parte* testimony that their advocates present. It is fortunate that it should be so. It seems to be time for the largest body of specialists of all to call their brethren to a stricter account, and to demand more convincing proof before accepting the testimony of those working in narrower fields.

Comfort for Smokers.

The *British Medical Journal*, July, 1890, says that smokers will be pleased to learn that Dr. Gautrelet, of Vichy, claims to have discovered a method of rendering tobacco harmless to mouth, heart and nerves without detriment to its aroma. According to him, a piece of cotton wool steeped in a solution (five to ten per cent.) of pyrogallic acid, inserted in the pipe or cigar-holder, will neutralize any possible ill effects of the nicotine. In this way not only may the generally admitted evils of smoking be prevented, but cirrhosis of the liver, which in Dr. Gautrelet's experience is sometimes caused by tobacco, and such lighter penalties of over-indulgence as headache and furring of the tongue may be avoided.—*Med. and Surg. Reporter*.

The Indiana Medical Journal

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The members of the Profession of this State, whether subscribers or not, are especially invited to send their contributions to this journal.

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PROFESSIONAL JEALOUSY.

Men in all walks of life strive to equal or excel rivals. Within proper limits this rivalry is legitimate and praiseworthy. In the trades reputation is sought by the production of the highest grade of workmanship within the ability of the artisan. Material and skill of the first grade tell in this strife. The great question is not how cheaply but how well the work may be done. Great mercantile houses are not established by dealing in shoddy goods. The merchant princes of the world are dealers in the better grades of each class of merchandize. Orders are not sent subject to the judgment and integrity of the Cheap John dealer, who drags his customers from the sidewalk and sells them "cheap goods at less than cost."

The attorney who drums up cases in the highways is not retained in important cases.

The rivalry of merit is always proper and praiseworthy. The rivalry of vituperation is always despicable. The former seeks by earnest endeavor to scale heights; the latter strives by chicanery to drag down those who are higher than he to or below his own level. Professional jealousy springs from the most

debasement motives that actuate humanity. The end hoped for is the occupancy of a niche in public esteem made vacant by detraction and insinuation—by the knowing wink, the dubious nod or by downright slander. There is nothing so disastrous to the dignity of the profession, so nourishing to the schismatic pretenders of our art as the bickerings and backbitings of the jealous and the angry retorts of those impugned. These home-brewed broils engender the bitterest dissensions and the most lasting hatred. They are fatal to friendship, disastrous to professional unity, obstructive to progress, injurious to character, and destructive of professional reputations. There is no good thing grows out of the boorishness of the soured man, who can not endure to witness the success of his rivals. Superficiality, deceit and assurance usually form his stock of qualifications, slander his chief weapon of offense and defense.

We seem to be far from the millenium in medical circles, yet we ought to cultivate such a disposition as will make it possible for some medical Paul to say of us, "Behold how good and pleasant a thing it is for brethren to dwell together in unity."

Cheapening Honors.

"It is, indeed, hard to reconcile such a specimen of English with the degrees A. M., LL.D., which are associated with the author's name."—*Review of Stemen's Railway Surgery, in Buffalo Medical and Surgical Journal.*

That which contributes most to the value of literary and scientific degrees is the toilsomeness of the journey leading to their attainment. Royalty and titles of nobility, being hereditary, do not signify that their possessors are entitled to any other distinction than that of having sprung from ancestors who were rich, brave, talented, or favored. Degrees are, or should be, conferred as a mark of distinction upon those who, by patient toil in the world of letters, have mastered a certain course of study; thus, presumably, elevating themselves above the plane of average intelligence, not only by

the acquisition of knowledge, but also as a result growing out of toilsome mental exertion, have possessed themselves of that keenness of mental vision, that acuteness of comprehension, that power of focalizing all the faculties of mind which attends mental culture.

Degrees are rank-marks, indicative of the completion of a term of service, proudly placed upon her votaries by the *alma mater*. The act of cheapening them by making their attainment possible through any other means than study, must rebound upon the institution granting these unmerited distinctions.

Occasionally a master-mind, impelled by genius to self-culture, wrings reluctant recognition from the world, whereupon some so called institution of learning rushes forward to crown this victor as though the bur-nisher could lend luster to the sun!

There is a class of superficial men who seek and obtain titles of distinction without undergoing the inconvenient and laborious task of winning them. The purpose is social aggrandizement or mercenary greed. This gilding may afford satisfaction to the blustering recipient whose attainments are as superficial as the gold-leaf degree laid upon him, but both the institution conferring and the individual receiving these unmerited honors are held in contempt by men of dignity and self-respect. When our institutions of learning establish a uniform and high standard of requirements for graduation, and rigidly adhere to them without fear or favor, the savants of the world will accord these institutions respectful consideration.

Practice gives its entire space, except three pages of editorial matter relating to the Medical Society of Virginia, to the prize essay, to which the Dr. Hunter McGuire prize of one hundred dollars was awarded by the aforesaid State Society. The subject is "Chronic Cystitis in the Male—Its Pathology, Diagnosis and Treatment," by R. M. Slaughter, M. D.

NOTES AND COMMENTS.

We had the pleasure of meeting Dr. Granger of the *N. Y. Med. Journal*, Dr. I. N. Love of the *Medical Mirror*, and Dr. Culbertson of *Lancet Clinic*, at the late meeting of the Mississippi Valley Medical Association.

Professor Wyeth performed his bloodless amputation at the hip-joint on a cadaver at Louisville. One of the papers of that city said the operation was successful; it was certainly bloodless, for we saw the stiff, and it wan't bleedin' a little bit.

It has been popular for centuries to bewail the hard lot of the horny-handed sons of toil. Would we not strike a responsive chord in many medicos' hearts were we to sing that other neglected song so applicable to many would-be "soft-handed sons of toil," "God pity those who have no work to do."

The recent meeting of the Mississippi Valley Medical Association was, as usual, a success. There were many excellent papers, in fact too many. The Association has grown to such proportions that division into sections seems unavoidable. An effort was made to divide the body, at least temporarily, into a Medical and Surgical Section, but it failed. Many representative men were present, and the social qualities of those in attendance was a matter of comment, especially on the part of gentlemen from the East.

Among the new coal-tar products, the anti-kamnia people think they have found an analgesic scarcely inferior to the opiates, and at the same time free from all the objectionable features of morphia and opium. If this be true, and we have heard some good evidence in support of the claim, antikamnia will meet with a warm welcome by the profession. We have tried the drug in a case of aural abscess, and found that it temporarily relieved the pain; but we had not a sufficient amount of the drug at hand to test it fairly, and were driven to the use of opium.

The Preacher Doctor Don't Like It.

The Rev. C. B. Stemen, A. M., M. D., LL.D., Professor of Surgery in the Fort Wayne Medical College, editor of the *Journal of the National Association of Railway Surgeons*, author of a Treatise on the Special Department of Railway Surgery, etc., congratulates himself that the *leading* medical journals of the country did not roast his volume on Railway Surgery. The Reverend Doctor is so unkind as to say of the few lesser lights in journalism who ventured upon mild adverse criticism of his work, that their reviews are not written in accordance with the rules of English composition. This may be true, but the puzzle to us is how did his reverence make the discovery? Shades of the immortal Lindley Murray!—the writer of the sentences quoted on page 70 of the September number of the JOURNAL presumes to mention the rules of English composition! The writer of our review avers that if the Reverend Doctor's "devil" or stable-boy questioned the purity of the reviewer's English he meekly bows to authority; but if the much-titled author of the monstrous sentences in Stemen's "Railway Surgery" frowns upon his composition, it simply proves that the erudite bearers of ponderous titles sometimes become hypercritical, and that "much learning hath made his reverence hot at the few who did not bow down and worship at the shrine of his assinnity, i. e., "Railway Surgery."

At a recent meeting of the Edinburgh Medico-Chirurgical Society, Dr. Leslie gave the details of thirty or forty cases of facial and other neuralgias, cephalalgia, odontalgia, etc., which had been cured, in most instances, instantaneously, by the insufflation of finely powdered common salt through the anterior nares; the salt was either snuffed or blown up the nostrils. He had been unsuccessful in only two cases. Both of these were cases of old standing which had been treated frequently by morphine injections. In one of them excision of the nerve had been practiced.—*Medical Times*.

Obituary Resolutions.

At the recent meeting of the Mississippi Valley Medical Society, the following resolutions were passed on the death of Dr. T. B. Harvey, vice-president of the Society, and Dr. Wm. H. Byford, late president of the same:

The members of the Mississippi Valley Medical Association, now assembled in Louisville, Ky., desire to extend to the bereaved family of our beloved vice-president, Dr. T. B. Harvey, our heartfelt sympathy. In his untimely death this Association has sustained an irreparable loss. Dr. Harvey was beloved by each and every member of this Association, in whose interest he labored with such untiring energy. A brother to the older and father to the younger members of his chosen profession, we can but think of him with tearful eyes and aching hearts. And while we thus mourn the loss of this noble man, we sincerely sympathize with the grief stricken members of his family, and although knowing full well that no words from us can lessen their deep sorrow, we send them this message of condolence and sympathy.

We, the members of the Mississippi Valley Medical Association, now assembled at Louisville, Ky., desire to extend our heartfelt sympathy to the bereaved family of our late ex-president, Dr. Wm. H. Byford, who has, since our last meeting, been removed from our midst. We desire to convey to his family expressions we feel at this grand man's untimely death. There has been taken from us a noble man, to whom a worthy successor will not soon be found. This Association especially has lost a kind and good friend and brother, and we join with all others of our profession in mourning his untimely death.

One of Reed & Carnrick's extensive factories at Goshen, N. Y., was destroyed by fire on the 10th inst. This factory was devoted wholly to the production of their Soluble Food and Lacto-Preparata, and contained extensive and valuable machinery. They had considerable stock of these Foods at their New York office, and consequently there will be no delay in filling orders. The factory will be at once rebuilt three times the size of the one burned, with machinery correspondingly enlarged.

Legal Right to Protection.

From a very able editorial in the *Pacific Med. Journal*, on "Our Right to Legal Protection," we select the following paragraph as expressive of our sentiments relative to the arrogant immigrant doctor:

Let us be honest—let us ask for honest protection in this land of protection against things, but free trade in persons; let us ask for protection for the most helpless of all the professions or trades—with traitors in its own family, deadly foes without, and all mankind interested in making competition so lively that the citizen may starve while the alien prospers in luxury unknown before! Let us ask for simple protection for our profession, as a matter of right, of justice for the resident practitioner with taxable property, against the foreign adventurer who sends his surplus fees to Europe and is ever ready to skip if trouble comes. Let us ask the lawyers to give us a share of the protection they have early secured for themselves—giving all our sects strictly fair representation in any executive machinery—and only insisting on three requirements for the privilege we are so proud of, viz., thorough education, good moral character, and declared intention of citizenship, to be all proven by tests in every case of the same kind as applied by the country where the diploma was conferred, to American physicians desiring to practice there. One further doctrine should be an absolute provision, namely—that no degree or diploma of foreign origin shall entitle to, or be a basis for registration or licensing in this country, which does not confer the same privilege in its own country under that country's laws.

Only by such demands can we preserve our self-respect, or that of the profession of other lands. Only by being true to ourselves can we claim with dignity any respect abroad. Let us stand before the law as free men, with heads uplifted in conscious pride, deeming and holding ourselves the peers, as we are, of any foreign physician—and ask for justice for ourselves, and we will not long ask in vain.

Dr. Jonathan Hutchinson (*Review*) recommends, for the treatment of epistaxis, the plunging of the feet and hands of the patient in water as hot as can be borne. He declares that the most rebellious cases have never resisted this mode of treatment.

Genito-Urinary Notes.

The *Medical World* presents the following:

When a silver catheter is blackened by the urine, it denotes the presence of pus in the bladder, which generates sulphuretted hydrogen.

Urine is ammoniacal in many bladder diseases, in grave cases of typhus, in affections of the spinal cord, and in the second stage of acute exudations.

When urine contains an unusual percentage of carbonic acid gas, it effervesces on the addition of nitric acid. The effervescence often occurs in the case of persons undergoing a course of aerated mineral waters, or habitual indulgers in the products of the soda fountain.

In treating strictures, there is never any necessity to pass the instrument further than nine inches from the point; this can conveniently be marked on the bougie, and will show that the bladder has been entered. Mischief may be done by forcing it onward against the lining mucous membrane, while no object is served.

If a sound, bougie or catheter is arrested at less than six inches from the meatus, the obstruction is caused by a stricture in all probability; if it is not stopped until it has passed more than six inches, the blame is due to enlarged prostate. Stricture never exists here, but is frequently found at the juncture of the membranous portion with the bulb. Yet the prostate may be enlarged without causing any hindrance to the passage of an instrument, especially when the enlargement only involves the third lobe, or when the employed instrument is of sufficient length and suitable curve.

Dr. Whitney (*Med. World*) reaffirms the value of coal-oil enemas in intestinal obstruction, and says that he knows of no other fluid which will so quickly soften hard, impacted fecal matter. He attaches a long rubber tube to a Davidson syringe, and passes the tube as far up the bowel as possible. When it stops, inject a few ounces of water to distend the bowel, and the tube will go farther up. The obstructing mass can be recognized by the resistance, which will stop the flow from the syringe. Slightly withdraw the syringe, and inject the coal-oil, in quantity one pint. In the same journal, Dr. Stroud reports the

case of a physician with impaction which resisted injections of olive-oil and warm water, but gave way to the second enema of a pint of coal-oil.

In China eight varieties of leprosy are recognized (*Med. Record*), and the disease is considered contagious, infectious and hereditary, but is said to disappear in four generations.

Grey had an opportunity to observe a man who was guillotined, within one minute after the knife had fallen. The heart beat for six minutes, the contractions of the auricles and ventricles being independent of each other. This is the first time in the history of science that such an observation has been made on a human body.—*Med. Review*.

Bernard Persch says (*Medical Times*) that he has found nothing to equal the following treatment for tapeworm, which is as certain as anything in medicine generally gets to be: In the morning early he gives a drop of croton oil dissolved in chloroform, and the solution mixed with an ounce of glycerine. On retiring that same night, the patient is given a mild laxative.

Dr. Jackson (*Omaha Clinic*) highly recommends the use of iodide of sodium in doses of from five to ten grains every three hours in diphtheria and membranous laryngitis. Under this treatment he claims that the membranous exudation is rapidly thrown off, and speedy recovery follows. The drug is readily absorbed, rapidly diffused through the system, and eliminated without molesting the system at all.

Dr. Nabo says that an excessive palpitation of the heart can always be arrested by bending double, with the head down, and the arms pendant, so as to produce a temporary congestion of the upper part of the body. In almost all cases of nervous and anemic palpitation, the heart resumes its natural functions. If the respiratory movements be suspended during this action, the effect will be only the more rapid.—*Dietetic Gazette*.

Practical Medicine.

Functional Heart Diseases.

BY THEODORE POTTER, M. D.

Lecturer and Demonstrator in Bacteriology, Medical College of Indiana.

At the recent meeting of the British Medical Association, as reported in the *Record*, a prominent place was given, in the section on Medicine, to functional disorders of the heart. Sir D. Duckworth, leader of the discussion, made the absence of discoverable post-mortem lesions the basis of his classification. Upon this ground he excluded angina pectoris, expressing the belief that it was usually dependent on organic disease of the heart or arteries. There was quite a general agreement with this latter opinion. He recognized the following groups as properly belonging to functional disorders: Slow, intermittent, irregular and frequent pulse, and inordinate vascular pulsation.

Slow pulse was most frequent after acute diseases, malaria, jaundice, or with increased arterial tension. It was also caused by head injuries, meningitis and cerebral abscess. Intermittent pulse is often not of serious import, and is not usually to be looked upon as being as grave as irregularity. Dyspeptic conditions, the abuse of tea, coffee and tobacco, are common causes of irregularity.

A number of those who took part in the discussion laid much stress upon sexual excess, especially onanism, as a frequent cause, the disorder often leading to a suspension of the evil habit. High tension pulses with irregularity or intermission were serious, as the weak heart was liable to give way under strain. Inordinate frequency of pulse is usually due to dyspepsia or profound nervous disorders. Paroxysmal attacks sometimes accompany chronic rheumatic arthritis, showing surprising variations in frequency; syphilis might be at the bottom of it. Abnormal vascular pulsation seems to be due to some loss of vaso-motor control. Hysteria, gout, leucemia, overstrain (as in young men, espe-

cially army recruits), are causes, and such abnormal pulsation may lead to some hypertrophy. Exophthalmic goitre is functional so far as the heart is concerned, and in general these functional disorders of the heart are to be carefully investigated, inasmuch as they are sometimes only forerunners of some serious organic disease, cardiac or extra-cardiac.

As to treatment, remedies addressed directly to the heart, as aconite and digitalis, are of little service. The true treatment lies, first, in the discovery and removal of the cause where possible; second, in the use of remedies acting on the nervous system.

The discussion of the paper brought out a number of cases of slow pulse, varying from 40 to 13; and one, due apparently to the late influenza, in which the beats fell to 15, 10 or 5 per minute. Nearly all the speakers agreed that organic disease was usually present. In Dr. Russell's thirty eight collected cases, organic disease existed in thirty. Almost all the patients were in middle life.

In the discussion attention was also called to the fact that some of these functional disturbances, as intermittent or slow pulse, may exist for years without apparent harm. After all, the average pulse was merely the average, and persons might have peculiarities in this matter and yet be in a perfectly normal condition. Moreover, and this is frequently overlooked, the cardiac and radial pulses may not correspond, since the heart may be too weak to cause a wrist pulse corresponding to the ventricular contractions. The ratio of frequency may sink as low as one-half. This phenomenon is especially likely to accompany fatty heart.

Dr. Thomas gave the following practical grouping of the cases of functional disease, according to their apparent causes:—those due to digestive disorders; those of neurotic origin, depending with special frequency on the abuse of narcotics, alcohol, and sexual excess; third, those resulting from blood disorder, chlorosis and anemia.

Dr. Haig, of London, whose researches upon

he excretion of uric acid are so well known, thought that many of the cases were to be explained by deficiencies in this line. Attention has already been called in these columns to Dr. Haig's more extensive report of his experiments and clinical observations as published in Wood's Monographs.

In the way of treatment, as already noted, drugs directly addressed to the heart were with quite a unanimity thought to be of little value; quinine in large doses has given good results, but probably by its general rather than its cardiac action. The constant current to the sympathetic in the neck has been of service. After all, the successful treatment of these, as of so many other secondary disorders, depends largely upon successful search for the cause. These are among the cases in which we do well to keep before us the injunction—Examine the patient before treating him.

Tubercle, Scrofula and Lupus.

It was a part of Koch's great discovery, and was so announced at the start, that tuberculosis and scrofula were essentially the same, the latter manifesting itself somewhat modified in form and manner. To this also he added the announcement, which apparently settled a long controversy, that the cause of ordinary tuberculosis was also the cause of lupus, that lupus is only an indolent tuberculosis of the skin. The original pure culture of the bacillus obtained from lupus had, in 1887, been propagated in Koch's laboratory to the eighty-second generation, and being tested, would produce typical tuberculosis. The idea that lupus was a form of tuberculosis was nothing new; it had long been held by good authorities in pathology, such as Hueter, Friedlander and others; Koch's discovery simply settled the question as to who was right in the controversy.

In a recent London letter to the *New Orleans Med. and Surg. Journal*, the results of some experiments by Lingard are given. He finds that the same bacillus is undoubtedly present in all three diseases. the clinical dif-

ference being probably due to a great difference in the virulence of the germ. Scrofula produces a chronic tuberculosis in guinea-pigs, which is fatal only after eight or nine months. If, however, another series of guinea-pigs be inoculated with the tubercular material from this first series, they die much sooner; and a third series still more rapidly; and the fourth as rapidly as though inoculated with the most virulent human tubercle. It would thus seem that the comparatively mild virulence of the bacillus tuberculosis, as found in scrofula, is gradually rendered more and more malign as it passes from guinea-pig to guinea-pig. This is a fact analogous to Pasteur's observation that the virus of rabies becomes more virulent when passed from rabbit to rabbit.

In this connection it is interesting to note that at the recent meeting in Berlin, Koch made a brief preliminary report upon a series of experiments, the result of which was that he believed he could confer, even upon sensitive guinea pigs, an immunity, so that they could not be successfully infected with tuberculosis. He expressed the hope that the day might not be far distant when the same thing might be done for man. The whole tone of his announcement was so characteristic of the man, so lacking in blare of trumpets or anything smacking of vulgar sensationalism, and the spirit of the "whooper and hustler" who is such an abomination of these days in medicine, that it may well excite our interest and watchful hope. Koch does not do rash things nor make rash statements. He waited nearly two years after his discovery of the tubercle bacillus, collecting proofs, perfecting methods, and searching the whole field, before he made the final and complete *expose*. Such a man is not likely to injure a world-wide reputation by catering to the desire for another sensation. The daily papers have within the last few days had dispatches from Berlin, to the effect that Koch was about to begin these experiments upon human beings. It is enough for one man that he should discover the cause of the world's greatest

scourge, and thus settle one of the questions of the ages. What if he should add the knowledge of its destroyer?

Vaccination of the New Born.

The question of vaccination is always with us, and it is not wise to rest upon a feeling of false security, because the prevalence of small-pox has been reduced to insignificant proportions. There is some danger that this growing indifference to the disease, the result of its having almost faded from view, may lead to too much laxity in protecting the community. For one case may start an epidemic among the unprotected. According to the *Northwestern Lancet*, the vaccination of new born children has been extensively carried on by M. Wolff, who has used both animal and humanized virus, and finds that from the very first day of life infants are thoroughly susceptible to vaccination. Moreover, the disease produces little constitutional disturbance at the earliest age; its course is almost free from fever, even more so than when vaccinated older. Attempts to vaccinate before birth by inoculation of the mother failed entirely. No matter how successful the vaccination of the mother might be, nor when she was vaccinated, various periods between six and seventy-eight days before birth being chosen, the new born child was found to be thoroughly susceptible to the virus. The desirability of early vaccination is shown by the fact that forty per cent. of the infants who die of small-pox, under one year of age, are unprotected by vaccination. When a child is born in a house where the disease prevails, it is customary to vaccinate it at birth. The results of Wolff would show that the first days of life should be the time of election for vaccination.

Wolff repeats his assertions previously made, that strapping the edges of the erysipelatous part with adhesive plaster will arrest the disease. The latter extends to the plaster, but does not pass beyond it; it can be made to completely circumscribe the boundaries of the erysipelas.—*Medical Brief*.

Obstetrics and Gynecology.

Curettng the Uterus After Abortion.

BY FRANK C. FERGUSON, M. D.

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Central College of Physicians and Surgeons, Gynecol-
ogist to the Indianapolis City Dispensary.

I am persuaded, from my experience in the treatment of uterine diseases that have followed abortion, that a very frequent source of metrorrhagia, menorrhagia, subinvolution, chronic endometritis, retroversion and prolapsus, is the retention of portions of the secundines after abortion, or after labor at full term. I am frequently consulted by women for the relief of these disorders who present a history of abortion, or of labor at full term, followed by a long continued lochia, menorrhagia, metrorrhagia, etc., which plainly point to the retention of membranes or placental tissue, which although finally expelled, left behind them a uterus organically diseased, requiring long and patient treatment to restore to a healthy condition.

The following case recently occurring in my practice will illustrate what may occur in cases of abortion with a retention of portions of the secundines:

Mrs. —, aged twenty five, married five years, the mother of two children, the youngest eighteen months old. With her first labor she had a complete laceration of the perineum, which was successfully operated upon. Nothing noteworthy occurred with the second labor, and she made a rapid convalescence, and was in perfect health up to August 24, 1890, when she aborted at the third month. She was attending to her household duties within a week afterward, though the flow had not entirely ceased. On September 24th she was suddenly seized with a profuse hemorrhage, which compelled her to take her bed. A prominent physician of the city—a "*Professor of Obstetrics*" in one of our medical colleges—was called, who, making no vaginal examination to ascertain the cause of the trouble, prescribed ergot and rest in bed, assuring her that nothing serious was the matter. She remained in bed a few days, when the flow having ceased, she resumed her household duties. On October 5th, while

crossing University Park on her way down into the city, she had another violent attack of hemorrhage. She hurried home as rapidly as possible, arriving in a state of exhaustion and dispatched a message for the writer.

Upon my arrival I learned the foregoing facts, and suspecting some offending substance in the uterus I proceeded at once to make a vaginal examination. The vagina was filled with blood-clots, and the bed upon which she was lying was saturated with blood. Upon turning out the clots I found the os patulous, admitting the index finger as far as far as the internal os. The uterine sound passed into the cavity to the extent of four inches. Hastily introducing a speculum, I passed Thomas' dull curette into the uterus, and soon scraped out a quantity of placental tissue, when the hemorrhage ceased. I then applied to the endometrium equal parts of tincture of iodine and carbolic acid. The patient has had no further trouble.

I think it may be laid down as a law, to which there are few exceptions, that when a woman, after having a miscarriage or labor at full term, continues to flow for a longer period than eight or ten days, or when the flow having ceased at the proper time returns at intervals of a few days or weeks, shreds of membrane or pieces of the placenta have been left in the uterus. Not treatment short of curetting the cavity will insure prompt recovery and prevent a long train of evils, which will surely appear in their own good time if the case is treated tentatively, as is too often done. Unfortunately, cases of this kind are too frequently neglected, that is to say, they are treated with ergot, hot vaginal douches, rest in bed, etc., to the exclusion of the only means that promises speedy restoration to health, viz., curetting:

There is an unfounded fear, among many physicians, of the dangers of the curette. It is commonly believed that there is great danger of producing pelvic peritonitis and cellulitis by its use. I confess that formerly, before I had had much experience with it, I was apprehensive of these dangers myself. But since I have become accustomed to its use, and witnessed its marvelous effects in cases in which it is plainly indicated, I have

no more fear in using it than I have in making applications to the external os. During the last year I have performed the operation of curetting in my office more than fifty times, with not a single bad result. In some of these cases I have used the sharp curette. The operation in most cases gives some pain, but in some no pain whatever is experienced. Of course it is absolutely necessary to use strict antisepsis, especially if the sharp curette is to be used. I always put the instrument in boiling water for a few minutes just prior to the operation. I then place it in a carbolic solution, where it remains till the vagina is thoroughly cleansed with a solution of corrosive sublimate (1:5000). After the operation an application of equal parts of tincture of iodine and carbolic acid is made to the endometrium, an antiseptic wool-tampon, saturated with boro-glyceride, placed close up to the cervix, and the patient allowed to go home. Anesthetics are not required unless the cervix is to be divulsed prior to the curetting, which is sometimes necessary, but in these cases the operation should be done at the patient's home.

In every case of abortion, especially in the early months, the uterus should be explored with the finger if possible, and all membranes and placental tissue removed. If the finger can not be introduced into the cavity, the curette should be used. With proper precautions this may be done without the slightest danger, and with very great benefit to the patient. I am persuaded that if the curette were used more frequently to clear out the uterine cavity after abortions, we should have a less number of cases of septicemia, peritonitis, etc., following these accidents, and that the failure to do this is responsible for many cases of chronic uterine disease which come under the care of the gynecologist in after years.

Lest I should not be understood rightly, I will say in conclusion, that I do not mean to say that the use of the curette by the inexperienced, is to be commended, as a harmless instrument; for I am sure in the hands of a

bungler, or of one who has not been properly instructed in its use, it may, and frequently does produce more harm than good, and has oftentimes, doubtless, been a potent instrument in the causation of salpingitis, pelvic peritonitis, etc. But what I do mean to say is, that when used by one who knows its limitations, who has obtained that skill and dexterity in its use that comes with long experience, and who can differentiate those cases in which it is indicated from those in which it is not, very little fear need be entertained of producing other than good results.

An Amputation of the Pregnant Uterus as Performed by Tait.

A writer in the *Berlin. klin. Wochenschrift* thus describes this operation:

On June 10th I witnessed an operation of this nature performed by Mr. Lawson Tait, at his private hospital, and I desire to give in a few words what I saw.

An incision about four inches long was made through the abdominal wall, exposing the uterus. A few forceps being placed upon bleeding vessels, a loop of stout elastic tubing was then carried over and behind the uterus, care being taken to avoid the inclusion of any of the intestines. After the tubing was pressed closely down towards the cervix its ends were drawn tightly together in front through a single hitch, and when this was sufficiently tightened the ends were given in charge of an assistant to keep in position. The uterus was then opened by a small incision, and this was enlarged by tearing with both forefingers, and a living child extracted by the feet without the slightest difficulty; the cord was then tied and cut, and the child handed to an assistant, who removed it at once to another room. The placenta was then removed, and a large corkscrew bored into the uterus above the incision, to assist in extracting it from the wound. This was chiefly effected by forward pressure made by the left hand passed down behind the uterus, the corkscrew being chiefly used to guide the uterus downward and forward. Remarkably little blood was lost, that which escaped being almost wholly from the placental surface. The hitch in the tube was now further tightened, and a second hitch was placed on it, to make the knot complete. A strong pin of

nickelled steel was then passed transversely through the tube, then through the uterus, and then through the tube again, and finally was guarded by a movable point. In this way the elastic, constricting ligature was secured from slipping upward or downward or becoming in any way displaced. The tube was then carried once more round the uterus just above the wire, and fastened with one hitch and a bow knot, for the purpose of enabling further constriction of the pedicle being rapidly made should the first constriction prove insufficient.

The uterus, tubes and ovaries were cut away close to the tube, and the stump mopped over with a saturated solution of perchloride of iron and glycerine. The abdominal wound was closed by five interrupted stitches of common silk, the peritoneum being included in the usual way; the stump was lightly dressed with plain pads of absorbent gauze, and these kept in their place by a bandage. The essential stages of the operation, comprising the incisions, the placing of the rubber cord, the extraction of the child and placenta, and the removal of the uterus, were done in exactly three minutes. The entire operation from the first cut till the application of the dressings occupied thirteen minutes, and yet at no time did the operator manifest the slightest disposition to hurry; indeed so deliberate did he seem that I almost fancied that he was wasting time.

Scarcely a dozen words were spoken during the operation. Everything was done by the operator himself, his single assistant having nothing to do but hold the ends of the cord, and tighten or relax them as directed. The nurses were admirably trained, and their hands were always in the right, and never in the wrong place.

I was invited to visit the patient the next day in company with Mr. Tait, and her condition was in every way favorable.

I have since learned that the stump separated on the twelfth day, and at the present date (July 7th) both mother and child are perfectly well.—*North Amer. Practitioner.*

Dr. Lamphear, editor of the *Medical Index* says that "Emmet's operation for laceration of the cervix will soon be a thing of the past," that subinvolution is the cause of eroded os, leucorrhea, etc. Will Dr. Lamphear please tell us in his next issue just how he arrived at this sage conclusion?

Proceedings of Societies.

AMERICAN GYNECOLOGICAL SOCIETY.

Fifteenth Annual Meeting, held in Buffalo, Sept. 16, 17 and 18, 1890.

[New York Medical Journal.]

The President, Dr. John P. Reynolds, of Boston, in the Chair.

The Diagnosis, Pathology and Treatment of Extra-Uterine Pregnancy.

Dr. A. W. Johnstone, Danville, Ky., opened a discussion of this subject with an elaborate paper. He stated that the amœboid state was the first picture in the life of all viviparous animals. Immersed in a properly tempered and proportioned nutrient fluid, all alike, from the first segmentation, went on to the formation of the hypoblast, the epiblast, and finally the mesoblast. All after the same plan, with slight modifications, progressed in the formation of their envelopes and temporary organs necessary to intra-maternal existence; but, up to a certain point, all that was required of the mother was that she should furnish this properly conditioned fluid. The writer's studies in comparative anatomy had forced him to the conclusion that, in the lower animals, excepting the anthropoids, at no time but when the "rut" was on could this nourishing lymph be furnished, and, without this, pregnancy was out of the question. In the human being and in certain monkeys the "rut" was sempiternal, and as a matter of fact the endometrium was ever ready to furnish the necessary nutrient fluid. Pregnancy might, therefore, occur at any time. This nutrient fluid came from the adenoid tissue lining the uterine cavity and the Fallopian tubes. Even the most remote fimbria was possessed of this lining. Strip off the cilia from the epithelium of the tube, and there was left a condition quite as analogous to that of the lining of the uterus. These cilia were extremely delicate. He could not believe that ectopic pregnancy could occur unless there was some abnormality in the genital tract. Anything within or without the tube that caused loss of the epithelium, and consequently of the cilia, was sufficient to produce a spot to which the ovum might adhere. Ovarian pregnancy, if there was such a thing, must arise from a peculiar condition. The practical question was, Could ectopic pregnancy be diagnosed before rupture?

The patient did not seek the physician before the occurrence of severe pain, and every colicky pain meant the giving way of some part of the tube. Sometimes the first rupture broke a blood-vessel, but the rule was that hemorrhage did not occur until the second or third attack. After the discovery of an extra-uterine pregnancy, laparotomy was the only procedure in any sense warrantable. The growth of the gestation sac could not be arrested until the placenta was killed, and the death of the child did not necessarily insure the death of the placenta. Electrical treatment, once so much admired, was wrong in principle, dangerous in practice, and disastrous in its final results.

Dr. Matthew D. Mann, Buffalo, stated that the view that union of the male and female elements of generation must take place in the uterus was erroneous. In ectopic pregnancy the union must occur in or beyond the tube, and most of these pregnancies were primarily tubal. So far as abdominal pregnancies were concerned, the subject was still *sub judice*. There was no rational doubt as to the existence of ovarian gestation. Electricity was of great value ordinarily, for, if the embryo was destroyed, rupture would not occur. After rupture, laparotomy was clearly indicated.

Dr. J. M. Baldy, Philadelphia, stated that it must be considered that he based his arguments on the supposition that conception had taken place in the tube. He did not wish to place himself on record as denying the possibility of an ovarian or an abdominal gestation, but whatever the condition might be in the earlier stages, the symptoms were so similar that their distinction was quite out of the question. The following symptoms might be classified as significant or strongly suggestive of ectopic pregnancy:

1. A spurious flow, simulating menstruation, which was at first lighter and afterward darker than the normal menstrual discharge, and which contained clots and shreds.

2. Pain, intermittent and cramp-like, and becoming more severe and more frequent. The situation of this pain was invariably in the pelvis and low in the abdomen, and it might be sufficiently severe to produce syncope. It was usually the symptom which caused the patient to seek her physician, and in conjunction with the pseudo-menstrual flow, might be accepted as pointing strongly to the existence of extra-uterine pregnancy.

3. The discharge of shreds of decidua, with or without clots.

4. The general signs of pregnancy.

5. Occasionally the history of a sterility following normal labor or a miscarriage.

6. Vaginal discoloration as in normal pregnancy.

7. The cervix was sometimes appreciably enlarged and the os uteri patulous, but this was not invariably the case.

8. The fundus of the uterus was enlarged and softened and crowded either forward against the pubic bone or to one side. It was more or less immovable and had a feeling of softness. As in the case of the cervix, these conditions were not constant.

9. The uterine appendages sometimes showed a cyst on one side, while an inspection of the other side gave a negative result. The cyst, even if pulsating, was not a positive diagnostic sign.

10. The patient's belief as to whether she was or was not pregnant was quite important in making a diagnosis.

11. In some cases an elevated temperature and an accelerated pulse.

12. At the period of rupture great pain, collapse, and all signs of internal hemorrhage.

The speaker stated that three propositions were justified by his experience and that of other gynecologists:—1. In a certain proportion of extra-uterine pregnancy, in the early stages, the diagnosis was easy and unmistakable. 2. In a certain (quite large) proportion of cases sufficient symptoms were present to lead to a diagnosis of extra-uterine pregnancy, although such pregnancy was not present. 3. In a certain proportion of cases the symptoms, until rupture had occurred, were entirely wanting or of such dubious character as in no wise to warrant a diagnosis of ectopic pregnancy.

A very large number of cases terminated fatally, which rendered expectant treatment somewhat hazardous and made active measures essential. When the diagnosis was reasonably certain, laparotomy was indicated. It was a noticeable fact that many of the physicians who, a year ago, had been among the most ardent admirers of electrical treatment for extra-uterine pregnancy, now seemed to support laparotomy.

A case of tubal gestation with rupture was reported by Dr. Charles Jewett, of Brooklyn, as having occurred in the practice of Dr. F. A. Jewett.

Dr. A. J. C. Skene, Brooklyn, believed that it was highly important that a diagnosis should be made in all cases of extra-uterine pregnancy with equal certainty, whether the treatment contemplated was that by electricity or by laparotomy, in order that patients *in extremis* might be cared for intelligently. He was firmly convinced that extra-uterine pregnancy was as easily diagnosticated as any known affection of the female pelvic organs, if there was no complication of other pelvic disease. In regard to the treatment with electricity, the speaker expressed the regret that it should have been so heatedly and doubtfully discussed, and that it should have received such merciless condemnation from the advocates of laparotomy, and he believed that such acrimonious discussions would never lead to determining the true value of either method of treatment. He had seen no evidence that electricity was especially dangerous, and believed that it could be employed with entire safety, and its failure to cure did not prejudice in the least the resort to laparotomy. The laparotomists said that their operation must be done by "competent hands." Considering that the cases for laparotomy were emergency cases, perhaps if they examined the histories of the cases that had been operated upon by presumably "competent hands," they would not be so ready to condemn electricity.

Dr. W. W. Jaggard, of Chicago, was sure that the existence of ovarian pregnancy had been proved. A great many cases of so-called tubal pregnancy were simply hematoma of the tubes, and many cases of so-called hematosalpinx were really tubal pregnancies.

Tubal pregnancy had three terminations: 1. Death before rupture. 2. Rupture. 3. Going on to term. When the tube ruptured, the following subterminations might be observed: 1. Rupture into the broad ligament, with the formation of hematoma of the broad ligament. 2. After rupture, the ovum might remain *in situ* and plug up the opening. 4. Rupture into the abdomen with intra-peritoneal hemorrhage. With the exception of the last, all these were favorable terminations, and as a rule tubal pregnancy with rupture would end in recovery if left alone. He agreed perfectly with Dr. Skene in regard to the diagnosis being easy in uncomplicated cases. It should be noted that the typical cases of extra-uterine pregnancy occurred in old multiparæ with a long interval between pregnancies, or in primiparæ who had been

sterile for a long time. The evidence in favor of laparotomy, where the diagnosis was made before rupture, was conclusive.

There were the following objections to the use of electricity: 1. Danger of rupturing the sac. 2. Uncertainty in diagnosis. 3. After the eighth week it was hopeless to expect resorption of the fetus or the placenta. He agreed, however, with Dr. Skene that it was well to be temperate in the condemnation of electricity. The proposition that every case of tubal pregnancy with rupture called for laparotomy was erroneous, and had proved most disastrous in practice. The principal indication for laparotomy was free intra-peritoneal hemorrhage. In the event of hematoma of the broad ligament or rupture of the tube, the clot acting as a tampon, the indications were all strongly against laparotomy.

Dr. Howard A. Kelly, of Baltimore, believed that it was possible to recognize the following forms of extra-uterine pregnancy: 1. Interstitial. 2. Tubal. 3. Tubo-ovarian (doubtful). 4. Ovarian (proved beyond a doubt). 5. Primary abdominal (still remaining to be proved). Tubal gestation might be divided into isthmal, isthmio-ampullar, and ampullar, according to the relative position of the tube. The criterion of ovarian pregnancy was an extra-uterine fetal sac which must have the same relation to the uterus as the ovary had, the tube remaining intact and the ovarian ligament connecting the side of the sac with the uterus being present. A positive diagnosis of extra-uterine pregnancy could be made if the following symptoms were present: 1. Cessation of menstruation followed by its irregular recurrence. 2. Pain in the lower part of the abdomen. 3. A fluctuating tumor. 4. Enlarged uterus (not always present). 5. A discharge of membrane, which was very characteristic. 6. Milk in breasts. 7. A tumor diminishing in size under observation, a pathognomonic sign rarely present, unless electricity was used, which of course implied the death of the fetus. There was a class of doubtful cases where some of the symptoms were present, and there was still another class of uncertain cases where there were no signs, and they were generally discovered accidentally. If he found a freely movable tumor in the abdomen, he would perform laparotomy; but if the tumor had ruptured into the broad ligament, he would use electricity and wait for results up to the end of the third month. He would not consider the life of the fetus to the detriment of

the life of the mother, but consider the fetus simply as a malignant foreign body. If there was a living fetus at term, he would open the abdomen, and if it proved to be an unruptured tube, with the placenta enucleated in the sac, the latter could be removed and the life of the fetus saved. If the placenta was attached to the intestines, he would remove the fetus and drop the funis back into the abdominal cavity, and afterward perform laparotomy if necessary.

Dr. Hunter Robb, of Philadelphia, believed that the tubes were the most frequent site of fecundation, but that ovarian pregnancies did take place, and agreed with Dr. Jaggard that microscopical examination was alone reliable in determining this condition. He believed the diagnosis as easy as that of fibroid or parovarian cyst.

Dr. Joseph Taber Johnson, of Washington, remarked that a paper of Dr. Hanks's, read before the society in 1888, had given the histories of eleven cases, with the statement that a diagnosis ought to be possible in ninety or ninety five per cent. of all cases; that he believed in electricity in the beginning and operation afterward if necessary. He thought electricity would kill the fetus, and that in all cases of rupture laparotomy should be done at once.

Dr. A. H. Buckmaster, of Brooklyn, thought it would be a fatal blow to the use of electricity in these cases if it should be proved that it could not accomplish the destruction of the fetus.

Dr. J. A. Temple, of Toronto, related a case of extra-uterine gestation in which he had removed the tumor and tube without rupture. The patient made a good recovery and the stitches were taken out on the sixth day. On the eighth day she had a severe attack of mania; on the twelfth day she became semicomatose and did not recover consciousness; and on the twenty-third day she died perfectly insensible. He was confident that she did not die from septicemia or any similar affection as the result of the operation.

Dr. Mann reiterated the views expressed in his paper in regard to the specimen which he presented two years ago, and still held the case to have been one of true ovarian pregnancy. His opinion in regard to the use of electricity in properly elected cases was also unchanged.

Pilocarpin is recommended by Dr. Hochzeit for chronic rheumatism.

Materia Medica and Therapeutics.

Phenacetin.

BY S. E. EARP, M. D.

Professor of Materia Medica, Therapeutics and Medical Chemistry, Central College Physicians and Surgeons.

Phenacetin has most positively profited by the general use given it by the profession, and promises to rank as the ideal antipyretic. In five cases of scarlatina and four of typhoid fever treated during the past month, we have watched its effects very carefully and the reduction of temperature was prompt in each instance, and followed by no untoward results. We have used this preparation since it was first obtainable, and do not hesitate to say it is one of the most valuable additions to the materia medica. As an anti-neuralgic it is positive and efficient. In some cases of cephalalgia that occurred periodically, and the patient was usually confined to bed for a week at each attack, obtaining relief only from the use of chloroform by inhalation, phenacetin, when given at the onset, usually gives relief. It is especially valuable for the following reasons:

It is not unpleasant to the taste.

It produces no nausea or gastric irritation.

The results are certain and prompt in the ordinary doses of three to seven grains.

There is no depression, no rigors, no cardiac failure, no cyanosis; and thus far experience would indicate that it is a safe and efficient remedy.

Aristol.

Dr. Eichhoff, who brought aristol to the notice of the profession, after an extended experience confirms his first statement, and further says it acts splendidly in all chronic ulcerations of the skin. In rhinology, laryngology and gynecology it acts promptly and efficiently. It may be used in all strengths, in powder or in fatty vehicles. The *St. Louis Med. and Surg. Journal* suggests the following in reference to making aristol rapidly:

Since aristol has come into more or less general use, it is sometimes difficult to obtain it at a moment's notice. In districts, at

a distance from large drug centers, it involves a delay which is certainly very annoying. To obviate this, Louis Boule, of Algiers, gives the following in the *Repertoire de Pharmacie*:

- A. Crystallized thymol..... 0 parts.
 Caustic soda..... 50 parts.
 Iodide of potassium 58 parts.
 Distilled water.....500 parts.

Warm lightly and dissolve, and stand aside to cool.

- B. Labarraque's solution.....2,500 parts.

Pour solution A into B, and agitate very strongly. The aristol is precipitated in the shape of a magma (which, in the course of fifteen minutes, liquefies spontaneously). Cast the whole on a filter or folded linen cloth, and wash with distilled water. Put in a dark place to dry.

The Labarraque's solution must be of full officinal strength (*i. e.*, officinal solution of sodium hypochlorite).

As a rule, strophanthus is not as permanent in its action or as positive an agent as digitalis; yet in diseases of the aorta it seems to exert a specific influence, giving results superior to those obtained by the use of digitalis. These facts are the conclusions of Frazer and Bucquoy.

Pyoktanin the Trade Mark for Aniline.

On another page we print in translation a contribution on the subject of pyoktanin, by Dr. Heintz, a collaborator on the editorial staff of the esteemed *Berlin. Klin. Wochenschrift*. Dr. Heintz quotes various unfavorable reports, advises curtailed use of the antiseptic, and concludes with the positive expression that Stilling, who is the author of the pyoktanin introduction, has not justified his extravagant promises. In the July issue of this journal we exposed the identity of pyoktanin with ordinary, chemically pure aniline colors, and corroborative evidence has since been printed in almost all the leading medical and pharmaceutical journals. Pyoktanin is merely an ingenious trade-marked name for aniline, any shade, blue, yellow, red—chemically pure, free from arsenic; and the fact that these products have antiseptic properties was published eighteen years ago in St. Louis, by Dr. Charles O. Curtman, and many American physicians and surgeons in various localities have been quietly using aniline antiseptic solutions ever since.—*Notes on New Remedies*.

Why Write Acetanilid instead of Antifebrin?

For a physician to write antifebrin in a prescription when acetanilid is chemically the same—in fact the two being identical—admits of no argument in its favor. Then why the two names? The former name is copyrighted; the latter is not. When antifebrin is written in a prescription, the cost is five times as much as is the case when the name acetanilid is used. Are not these facts sufficient to induce physicians to use the non-proprietary article? A druggist is cognizant of the difference in price, etc., but when antifebrin is written he can not substitute acetanilid, because the former name indicates a specified manufacture of acetanilid.

Atropia for Nocturnal Incontinence.

To get at the truth is better than to have false hopes; and it is with great satisfaction that we call attention to a paper by Dr. R. Bruce James in the *Archives of Pediatrics*, September, 1890, which seems to definitely decide a very important question in therapeutics. As our readers know, Dr. Baruch, in December, 1888, read a paper before the New York Academy of Medicine in which he discussed nocturnal enuresis in children and its treatment, bringing to the notice of the medical profession the great value of the alkaloid atropine in this affection, as evidenced by the results obtained in quite a number of cases in which he had used it. But he added that since his cases had not been very long under observation he could not predict the ultimate result to be obtained.

Dr. W. P. Watson, of Jersey City, read before the American Medical Association, at its last meeting, a paper in which he reported in detail thirty unselected cases of enuresis, all cured or greatly benefited by this drug. Prompted or encouraged by such glowing accounts of the virtue of this drug, many of the profession resorted to its use with great confidence and expectation. But a long and faithful trial of it has scored another failure in our search for specifics. For some have found that the number of cases of enuresis cured by atropia, during its administration, is great, but the number remaining cured when the drug is stopped is small indeed. Dr. James, while resident physician in an Orphan Asylum in New York, had under his

charge many cases of enuresis that had resisted belladonna, strychnine and the other lauded remedies. After hearing Dr. Baruch's paper, he determined to give atropia a trial. Fifteen of the worst cases, among the smaller children, from three and one-half to nine years old, in which no cause for the trouble could be made out, were selected. Some of them wet themselves alternate nights only, others every night, while a few suffered from diurnal as well as nocturnal enuresis.

The plan of treatment was to make a solution of atropia sulphate, of which one teaspoonful represented one-hundredth grain of the drug. Of this solution, for the first night, each child had one teaspoonful at six and another at nine P. M., and this being increased by one teaspoonful every night until a controlling dose was reached for each case. None of them were benefited by less than four-hundredths of a grain at night—i. e., two-hundredths of a grain at six and two-hundredths of a grain at nine P. M.—while others required as much as eight-hundredths of a grain, divided as above; one child was given as much as one-tenth of a grain at night without showing symptoms of poisoning.

Nothing short of the quantity that produced full physiological effects was of any avail. This point was insisted upon by Dr. Baruch in the paper referred to. After the controlling dose was ascertained for each case, it was repeated every night for about one month, when the drug was withheld altogether. It was found that many of the cases were completely relieved, while others were not benefited. The latter were immediately put on their controlling dose and an attempt made to diminish it, but without much success in this, though in no case was it found necessary to increase the original controlling dose, except in one case. Of the cases completely relieved, the enuresis returned in all, with one exception, in periods ranging from one to six weeks. The child that was cured was a healthy boy, but slightly affected. These children were put on their controlling doses as they relapsed, and an attempt was made to taper off with them also; and in some cases a considerable reduction of dose was effected. The cases were kept under close observation for eight months, during which time many of them would go without the drug, or on reduced doses, from one to four weeks without wetting themselves. But sooner or later the relapse would occur, and at the end of the eight months they were but

little better than when we started treatment. It can be seen how any one, who has not kept a long watch over his patients, could readily arrive at the conclusion that permanent relief had been obtained in most of these cases, especially if he depended on the matron or person in charge of his cases for his information; for after such complete relief afforded by the treatment she is slow to acknowledge a relapse, and it is only after the closest scrutiny and questioning that you can arrive at the actual state of affairs. Such, at least, has been Dr. James's experience; for not a few of the cases he reports here were marked cured in his notes, after questioning the matron carefully; but, visiting the wards himself early in the morning, he found that such was not the case. No doubt this element in human nature is largely responsible for erroneous conclusions arrived at and published by those who rely too implicitly on the information gained from attendants.

In only one case did any symptom of poisoning occur, and in this not sufficient to warrant a suspension of the remedy or even a diminution of the dose. Under the long continued use of the drug, though in such large doses, there was observed no bad effects from it, but, on the contrary, the children, being relieved from the stigma of being bed-wetters, were brighter and less constrained than when the drug was left off, with the consequent return of the enuresis. Some of the children, though under the age of five years, were so ashamed of their affliction that, on finding they had wet their beds at night, they would exchange their wet sheets for dry ones from the cots of their slumbering neighbors, thus shifting the coming lecture to innocent shoulders: so great was the effect of the so-called moral treatment.

Every case was absolutely controlled so long as the treatment was kept up, except one case, in which it lost its effects after some months of complete relief, and this from some unknown cause which was never overcome, though the drug was pushed to a dangerous point. It is a matter of no little regret that, after such a promising beginning, the final result shows such a little gain. On October 1, after eight months of treatment, of the fifteen cases, two cases were cured, and these mild cases. Two others were benefited, in that they did not wet their beds so often. One it ceased to benefit, while ten showed little or no improvement when the drug was stopped.

In conclusion, Dr. James says that since the long-continued use of atropia has no ill effect, no tolerance is established that requires an increased dose, and since undoubtedly the vast majority of these cases can be controlled by the drug, atropia is for these children and for their mothers a valuable friend. When a child is too large to wear diapers, or they cease to be effectual, we can with confidence offer a substitute in the shape of a full dose of atropia, to be repeated every night till the child has outgrown its infirmity; and this point can be tested by having the drug withheld from time to time. Dr. James put many other cases of enuresis on atropia, and it had controlled the trouble in every child under twelve years of age. Thirteen months after the treatment was begun, these children were about as they were six months before, still receiving nightly doses of atropia, and improved only as might be expected with their advance in years. As to those over twelve years old who received this treatment (which were quite a number) they did badly. Dr. James can not recall a case that was benefited in the least.

We may regret that careful observation should dispel the illusions created by somewhat premature conclusions, but it is of the greatest importance that we should not be deceived as to the value of any method of treatment. The one discussed above has great value if rightly understood, but it is evidently not the panacea which some have thought it.—*Med. and Surg. Reporter.*

Sexual Debility.

Dr. Gordon G. Jones, F. R. C. S., Edinburgh, (*London Medical Reprint*), says:

Probably the most frequent, and at the same time the most intractable cases which present themselves before a specialist in genito-urinary diseases, are those of "sexual debility;" and this, again, is most commonly exhibited in the forms of sexual impotence and nocturnal emissions. Both forms are usually the result of excess, but it is no uncommon thing to find a married man, with no trace of previous pernicious history, and of present temperate habits, complaining of oncoming sexual inability. These are of all cases the most unsatisfactory, owing to the serious mental depression which almost invariably accompanies them, and which occasionally culminates in suicidal mania. In all these cases much may be done by improving

the patient's general condition, which is usually below par, by attention to hygienic surroundings and by electropathic treatment. It is all important, however, that we should have the assistance of a really desirable drug, but up to the present our efforts to procure such have not been over successful.

Lately, however, Messrs. Eli Lilly & Co., of Indianapolis, have introduced a pill composed of extract of damiana, in combination with phosphorus and nux vomica, which has produced, in my practice, more satisfactory results than I have obtained from other remedies. The following brief notes refer to a few cases in which I used the pills with beneficial results:

J. R., aged thirty-nine, married seven years, previous history good; was in full enjoyment of sexual faculties until six months ago, when he found himself gradually becoming impotent. I treated him with the usual remedies, with varying results. Five weeks ago I commenced with the pil. aphrodisiaca, and there has been a slow but steady improvement. He feels better generally, and his mental condition, which had become considerably affected, is decidedly improved. I believe that, with a continuance of the treatment, he will make still further advancement.

A. T. W., aged forty-three, married; came to me in a very nervous condition, fearing that he was losing all sexual power. I found the patient was suffering from an attack of prostatitis, which I cured, and then put him on the pil. aphrodisiaca (Lilly). Steady improvement. Is certain in his own mind that he will get quite cured.

E. B., aged fifty, widower two years. Complained of a feeling of weakness in the genital organs, accompanied by nocturnal emissions once a week, which occasion headache and lassitud. I put him on pil. aphrodisiaca four weeks ago, and used electric treatment to the prostatic urethra twice a week. Increase of tone and vigor, and the patient has had no emission for three weeks.

The above cases are satisfactory, inasmuch as distinct improvement has been evidenced in all of them; and as the treatment will still be continued for some time, I think we may infer that the improvement may yet become more marked. I must, to be impartial, state that I have in other cases found the pil. aphrodisiaca give negative results. My experience, however, leads me to believe that we possess in it a valuable help in the treatment of genital weakness.

Reviews and Book Notices.

Diseases of the Rectum and Anus—Their Pathology, Diagnosis and Treatment. By Charles B. Kelsey, A. B., M. D., Professor of Diseases of the Rectum at the New York Post-Graduate Medical School and Hospital, etc. New York: Wm. Wood & Co. 1890.

This is the third edition of Dr. Kelsey's book, rewritten and enlarged, containing two chromo-lithographa, viz., one representing chancroids of the anus and vulva, the other a graphic picture of hemorrhoids; and one hundred and sixty-eight illustrations. "The great advances which have been made during the past few years in the surgery of the rectum and intestinal surgery," says the author in his preface, "have necessitated many changes in this, the third edition of this book. The chapters on the treatment of stricture, both benign and malignant, and on the formation and closure of artificial anus, have therefore been entirely rewritten, and much new matter added. The attempt has also been made, by the addition of numerous illustrations, and by clear and definite descriptions, to supply the general practitioner with a safe guide for the performance of all the operations called for in the diseases of the rectum."

Dr. Kelsey has been a recognized authority on diseases of the rectum for so many years, that his name is almost a household word in America. We feel sure that the third edition of his book will meet with a warm welcome from the profession.

A Manual of the Practice of Medicine. By Frederick Taylor, M. D., F. R. C. P., Physician to, and Lecturer on Medicine at, Guy's Hospital; Physician to the Evelina Hospital for Sick Children; Examiner in Materia Medica and Pharmaceutical Chemistry at the University of London. With Illustrations. Octavo, 877 pages. Price, cloth, \$4.00. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut street.

Dr. Taylor, in this volume, has given us a brief yet thorough treatment of the science

and art of medical practice as it is to-day. Special attention is given to Diagnosis, Prognosis and Treatment, while he has not neglected Etiology and Pathology. He has very wisely omitted the discussion of theories, and sought to inculcate facts as the basis of practice, not only because they are essential to diagnosis and treatment, but also because they afford the learner the power of discrimination in the consideration of theories which are elsewhere presented. The work is more than a hand-book—less than an exhaustive system of medicine. The work is handy and sufficiently voluminous for daily use by the student and the busy practitioner.

Epilepsy—Its Pathology and Treatment.

Being an Essay to which was awarded a Prize of Four Thousand Francs by the Academie Royale de Medecine de Belgique. By Hobart Amory Hare, M. D., B. Sc., Clinical Professor of the Diseases of Children and Demonstrator of Therapeutics in the University of Pennsylvania; Physician to St. Agnes' Hospital, and to the Children's Dispensary of the Children's Hospital, etc. 12 mo., cloth, 228 pp. \$1.25. Philadelphia and London: F. A. Davis.

The author has aimed to give the views held as correct by the best of the profession. He has culled the good material in literature from the vast mass of superstition and nonsense. He hopes that the book may aid the physician in discovering remedial measures capable of curing epilepsy. The work is meritorious.

A Compend of Surgery—For Students and Physicians. By Orville Horwitz, B. S., M. D., Demonstrator of Anatomy in Jefferson Medical College; Chief of the Outdoor Department of Jefferson Medical College Hospital, and late Resident Surgeon of the Pennsylvania Hospital, etc. Third edition, thoroughly revised, enlarged and improved. With ninety-one illustrations. Price, cloth, \$1.00. Philadelphia: P. Blakiston, Son & Co.

There is a great mass of the essential facts of surgery compactly and systematically stored away in this little volume.

Ointments and Oleates—Especially in Diseases of the Skin. By John V. Shoemaker, A. M., M. D., Professor of Materia Medica, Pharmacology, Therapeutics and Clinical Medicine, and Clinical Professor of Diseases of the Skin in the Medico-Chirurgical College of Philadelphia; Physician to the Medico-Chirurgical Hospital, etc., etc. Second edition, revised and enlarged; 12 mo., cloth, 298 pages, \$1.50. Philadelphia and London: F. A. Davis.

To those who are acquainted with the writings of Prof. Shoemaker this work needs no commendation. He always does his work thoroughly. No where else can the information here given be found in a single volume. The physician, especially the country doctor, the dermatologist, and the pharmacist will find this work invaluable.

Essentials of Anatomy and Manual of Practical Dissection, together with the Anatomy of the Viscera. Prepared especially for Students of Medicine. By Chas. B. Nancrede, M. D., Professor of Surgery and of Clinical Surgery in the University of Michigan, etc. Third edition, revised and enlarged; based upon the last edition of Gray's Anatomy. Thirty handsome full-page Lithographic Plates in Colors, and 180 fine woodcuts. Cloth, 388 pp.; \$2.00. Philadelphia: W. B. Saunders.

The work is scientific knowledge boiled down to the least possible space compatible with clearness. The plates are superb; the woodcuts good. Students especially will appreciate this handy helper in a difficult subject.

Saunders' Pocket Medical Lexicon—Being a Dictionary of Words and Terms Used in Medicine and Surgery. By John M. Keating, M. D., Fellow in the College of Physicians, Philadelphia, etc.; and Henry Hamilton, etc., author of "A New Translation of Virgil's *Aeneid* into English Rhyme," etc. Cloth, 280 pp. Philadelphia: W. B. Saunders, 913 Walnut street.

This is a valuable pocket lexicon, giving brief definitions of words, and indicating the accented syllables, but omitting diacritical marks, which lend so much aid in the correct pronunciation of words.

A Compend of the Practice of Medicine. By Daniel E. Hughes, M. D., late Demonstrator of Clinical Medicine in the Jefferson Medical College of Philadelphia, etc. 12 mo., embossed Morocco, gilt edges, 461 pages, price \$2.50. Philadelphia: P. Blakiston, Son & Co.

This is a very beautiful edition, based upon the author's Quiz-Compend of the Practice of Medicine. Dr. Hughes has utilized the very great advantages afforded him for clinical work, as Demonstrator of Clinical Medicine in Jefferson Medical College, and also as assistant in charge of the Medical Dispensary of the College Hospital, in the production of a very compact volume, including all the new methods and discoveries in Diagnosis, Pathology and Treatment.

Progressive Exercises in Practical Chemistry. By Henry Leffman, M. D., Ph. D., Professor of Chemistry in the Woman's Medical College of Pennsylvania, in the Pennsylvania College of Dental Surgery, and in the Wagner Free Institute of Science; Pathological Chemist to the Jefferson Medical College Hospital; and William Bearn, M. A., Demonstrator of Chemistry in the Pennsylvania College of Dental Surgery, etc. 12 mo., 104 pp., cloth. Philadelphia: P. Blakiston, Son & Co.

Twenty-two pages are devoted to Apparatus and Manipulations; the remainder of the work is devoted to directions for two hundred and fifty-three chemical experiments. This work is intended to be used in connection with any manual of chemistry.

The Medical Student's Manual of Chemistry. By R. A. Witthaus, A. M., M. D., Professor of Chemistry, etc., in the University of the City of New York. Third edition; octavo, cloth, 528 pp. New York: William Wood & Co.

Chemistry to the average medical student is not a seductive subject. There is a tendency, or at least a desire, both among students and practitioners, to relegate this subject, as far as is possible, to manufacturing pharmacists and the professional chemist. The analytical chemist is beloved of the physician, for the reason that he is capable of

lifting a load from the physician's shoulders, which the latter is not generally either willing or able to bear. The author has made chemistry as clear as is possible. We hope that this American work may supplant its great foreign competitor, which has so long held this special field.

Wood's Medical and Surgical Monographs.

Published monthly; \$10.00 a year; single copies, \$1.00. Wm. Wood & Co., New York.

The August No. contains *Morbid Blushing—Its Pathology and Treatment*, by Harry Campbell, M. D.; *Alcoholism in Women*, by Dr. Thomeuf, Paris; *The Different Methods of Lifting and Carrying the Sick and Injured*, by Geo. H. Darwin, M. D.; *Treatment of Growing Toe-Nail*, by Joseph Amiard, M. D.; *Chronic Bronchitis and its Treatment*, by William Murrell, M. D.

These subjects are of interest to the physician and surgeon, and this number is well worth the price. Eighty-three pages, representing laborious research, are devoted to *Morbid Blushing*; the subject seems hardly to merit the intelligent and painstaking effort put forth by the author, though his work is thoroughly done.

Death from Nitrous Oxide.

A death from nitrous oxide is reported from Montreal. A man, aged twenty-four, went to the office of a dentist to have a tooth extracted, and requested to have the gas administered. After assuring himself that the patient was not suffering from heart or lung disease, the dentist administered the gas. No sooner had the tooth been extracted than the patient gave a gasp and fell over in the chair. He was placed upon the floor and artificial respiration performed, but without restoring animation. The patient was not under the influence of liquor, and five hours had elapsed since last taking food (breakfast). The purity of the nitrous oxide was tested shortly after the accident by the president of the dental association, Dr. Beers, who himself inhaled it from the same inhaler. The verdict of the jury was that the man died from syncope, caused by the administration of the gas, and they exonerated the dentist from blame.—*Druggists' Circular*.

Special Notices.

The Indiana Medical Journal for 1890.

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Pure Volatile Eucalypti Extract (Eucalyptol).—It is not generally known that there exists only one firm—Sander & Sons, Sandhurst, Australia—that is manufacturing the pure Volatile Eucalypti Extract (Eucalyptol). To produce the genuine article, green leaves, three years old and complete in foundation, are required. (See *Das Eucalyptus*, Professor Hugo Schultz, Bonn.) Sander & Sons is the only firm which own factories for that purpose in Australia. Samples gratis through Dr. Sander, Dillon, Iowa. Mayer Bros. Drug Co., St. Louis, Mo., sole agents.

A well known remedy to all our old physicians is Tarrant's Seltzer Aperient. Its value as a safe, pleasant and effective saline aperient has been established for more than forty years. We direct the attention of recent graduates to this preparation, which they will find very valuable in the constipation of pregnancy, and as an alkaline saline in the treatment of rheumatic and gouty affections.

Chemical food is a mixture of Phosphoric Acid and Phosphates, the value of which physicians seem to have lost sight of to some extent, in the past few years. Messrs. R. A. Robinson & Co. (to whose advertisement we refer our readers) have placed upon the market a much improved form of this compound, "Robinson's Phosphoric Elixir." Its superiority consists in its uniform composition and high degree of palatability.

Painful Menstruation in Virgins.

The *Golden Gems of Goodell*, recently enunciated, should be printed in large type and placed prominently before the eyes of every doctor in the sacred sanctum wherein he pursues his studies. They are as follows, viz.:

1. Always bear in mind that "women have some other organs outside of the pelvis."

2. Each neurotic case will usually have a tale of fret or grief, of cark and care, of wear and tear.

3. Scant or delayed, or suppressed menstruation is far more frequently the result of nerve exhaustion than of uterine disease.

4. Antelexion is not *per se* a pathological condition. It is so when associated with sterility or painful menstruation, and only then does it need treatment.

5. An irritable bladder is more often a nerve symptom than a uterine one.

6. In a large number of cases of supposed or of actual uterine disease which displays marked gastric disturbance, if the tongue be clean, the essential disease will be found to be neurotic, and must be treated as such.

7. Almost every supposed uterine case, characterized by excess of sensibility and by scantiness of will power, is essentially a neurotic,

8. In the vast majority of cases in which a woman takes to bed and stays there indefinitely, from some supposed uterine lesion, she is bedridden from her brain and not from her womb.

9. Uterine symptoms are not always present in cases of uterine disease, nor when present, even urgent, do they necessarily come from uterine disease, for they may be merely nerve counterfeits of uterine disease.

For about six months I have treated numerous cases of such character with Ponca Compound in tablet form. The Ponca Compound being presented to the profession by the Mellier Drug Co., of St. Louis, a name which has been synonymous with honesty, reliability and skill in pharmacy in St. Louis for almost half a century, I did not hesitate to use it. I find that each tablet contains Ex. Ponca, 3 grs.; Ext. *Mitchella Repens*, 1 gr.; *Caulophyllin*, $\frac{1}{4}$ gr.; *Helonin*, $\frac{1}{8}$ gr.; *Viburnin*, $\frac{1}{8}$ gr. I usually administer one tablet every four hours, and so far am much gratified with the results. I feel that any remedy which will help us out in these cases should be welcomed.—*Dr. I. N. Love, in Medical Mirror.*

Middlesborough Land Sale.

The Home-seeker's Opportunity—One Fare for the Round Trip via the C. H. & D.

Middlesborough, Ky., now has an invested capital of \$26,500,000, with a large and increasing population and work for thousands. For the capitalist and investor it offers unrivalled opportunities. The gigantic improvements projected and under way make it a Mecca for the home-seeking artisan and mechanic. The Middlesborough Town Company make special inducements to those purchasing and building. The great land sale at Middlesborough will occur November 10th, and in response to the general demand the Cincinnati, Hamilton & Dayton R. R. will sell on November 7th and 8th tickets to Middlesborough and return, at one fare for the round trip, from all points on the line. For rates, pamphlets and full information apply to any agent of the C. H. & D., or E. O. McCormick, General Passenger and Ticket Agent, Cincinnati, Ohio.

Death Under Chloroform.

On Saturday last Mr. Wynne Baxter held an inquest at the London Hospital concerning the death of a man aged fifty-one, who was admitted into the institution suffering from abscess of the thigh and an affection of the spine. On August 13d an operation became necessary, and was quite successful, chloroform having been administered. On the 3d inst. it became necessary to probe the abscess, for which chloroform was again given; but, according to the report before us, death ensued before the patient was fully anesthetized. Mr. Andrew Smith, the house surgeon, stated that at the necropsy the heart was found healthy, though poorly nourished, while the lungs were not in the least affected.—*London Lancet.*

Eclampsia of Infants and Children.

Dr. T. H. Von Kleeck, Philadelphia, says: In eclampsia of infants and children, hysteria, paroxysms of epilepsy and cases of extreme nervous prostration in women, dependent upon severe mental strain, Peacock's Bromides is superior to anything that I have ever used.

The civil, military and naval departments of the British government are supplied with the Fairchild Digestive products, and the Fairchild preparations for the predigestion of milk, etc., are especially preferred in India.

THE

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No. 6.

Original Communications.

THE DOCTOR AND HIS HABITS.*

BY J. C. SEXTON, M. D., RUSHVILLE.

When you did me the honor of making me President of this Association for the year, I need not tell you I was indeed proud. However, the thought of the address that must follow dampened my spirit not a little, and the only consolation I had was, How I will make the other members suffer. I will spare you the horrifying details of how I have spent sleepless nights and days of profound melancholy, when I was "casting about" for a subject. You all appreciate that fact, no doubt. Every president of a medical society that I ever heard of "cast about" for the subject of his address. I am the only one, I think, who failed to find it after "casting" for a year, and so I wish it to be a part of today's record that this address is not "cast." It is wrought from moments of idleness, when patients would give me time. My friends from Rushville know just how much I have had to struggle during the past year for time to prepare this address—struggle, I repeat, against the overwhelming rush of patients—away from us—to the quacks and charlatans that infest us; the numbers of patients who leave us to consult our friends in other cities; the numbers who send away for eminent practitioners to come to them; the numbers who are taken in by itinerants, and the numbers we bury, leave us almost, Othello like, with occupation gone. However, we can still attend medical societies and write addresses. Thank goodness, we have still that consolation. Like the poor man, henpecked to death

by a woman's-rights wife said, when he struck a match on the seat of his pants—"Thank heaven, we have at least one prerogative left." If we have prerogatives, and at times assume those which don't belong to us, until we make ourselves seem the things we are not instead of the things we are, it will afford some excuse for holding the mirror up to nature.

Let us take a view of the doctor and some of his habits. Somebody has said that the worst habit one can form is the habit of having regular habits. It is not necessary to add that he was not a physician, for there is no set of men, the world over, who acquire so quickly or cling so tenaciously to their habits. Whether the daily routine of cases is so similar, or our work presents such great diversities, or one has no work at all, it is strange, but nevertheless true, that from all these various standpoints we form habits of moving in the same ruts. It is claimed that the habit of attending church regularly is the hardest one to cultivate; this may or may not be true among most people, but with doctors the habit of keeping clear of forming habits is the hardest one to become our second nature.

One man is in the habit of applying a certain dressing in a certain way after each particular operation. Another treats all fractures by the same method. Another gives a certain drug in every condition, while yet another follows the teaching of his own experience without regard to whether or not he may have been looking through colored glasses, and has been lured into error by false experience. Every glitter is not that which proceeds from gold, and the saddest of all experience is that which tells us the experience of years is in error.

If we investigate some of the most pronounced habits of physicians, nothing will be more distinctly noticeable than the habit of

*Annual Address of the President of the Union District Medical Society, at Connorsville, October 23, 1890.

relying upon certain drugs; and of one drug in particular, the careless and indiscriminate use of which is so universal that some one has very aptly spoken of the "opium habit of doctors." "Give him a quarter or a half to quiet him," or "a little anodyne at night;" these are such familiar quotations that "they go," without authorship. We get into a habit, in this way, of prescribing drugs that in many instances cover up and mask the natural symptoms of a case until it is completely obscured. I once consulted that clear-headed clinician and grand old man, Dr. W. W. Dawson, concerning a patient, and about his only remark was, "He takes so ——— much morphine you can't tell a thing about him."

A case came into my hands that had baffled the skill of several physicians. None could tell what was the matter. I was at an utter loss to explain the different phenomena that I saw. For two or three days I groped in the dark, when it flashed over me that my patient was clandestinely taking morphine. A systematic search revealed a box of morphine pills secreted in the bed-clothes. This discovery resulted in a radical change in the treatment, cleared up the diagnosis, and the patient benefited.

I knew another case where a family physician, for ten years, had been in the habit of giving anodynes to a patient for a neuralgia of the stomach. How many attacks were thus treated during this period is not known, but there were a great many. In this physician's absence, one day another gentleman was called, and upon critical examination there was found a hernia, which was relieved in one minute by taxis, and the gastralgia instantly disappeared. On the next day a truss was adjusted, and there has not been an attack of neuralgia in the case since. Thus for ten years the habit had masked symptoms and endangered life.

Take the habit of giving morphine in accidents. I hardly know a more pernicious practice than that of giving morphine in cases of gunshot or stab-wounds of the abdomen. Yet I am not acquainted with a single case where it was not done. This grows out of the habit of using the handy hypodermic in accidents. The unfortunate Goodloe case was undoubtedly obscured and the symptoms rendered more uncertain by the previous administration of half a grain of morphine before the arrival of the surgeon in the case. The patient was put into a falsely comfortable condition, which led his attendants into

a false security. I hold the masking and smuggling of symptoms in such a case much more dangerous than the pain the drug will relieve. So common are instances of this character that you are all, no doubt, familiar with others like them. This is what we call the opium habit of doctors.

Some of our habits are not so dangerous, perhaps, but are none the less habits. I am sometimes tempted to think that doctors have a dual existence—that which is his natural self, and the habitual one which we wear for the benefit of our patients. A friend of mine is genial, careless, happy, cordial, polite, delicate, easy to get along with, open-hearted and open handed with all that part of the world that is not in the circle of his patients. With this class he is as nearly the opposite as you can imagine. He becomes at once, in the presence of his victims—I mean a patient—the man that he has by habit cultivated. No longer genial, he is close, non-committal, non-communicative; his careless manners give place to an iceberg dignity; his happy smile to a scowl of condemnation. No longer cordial, he has an air of stand-and-deliver, that would make a road-agent howl with envy. Instead of being polite, I have seen him rude. No longer delicate, he is rough in many instances. What set of surroundings or force of circumstances will thus conspire to metamorphose a man? No one can say, but it is clear that one is the natural, the other the cultivated man—made so by force of habit grown so gradually, so insidiously, that he is in the control of a second nature that makes him to you and me ridiculous.

A surgeon was once called a distance from home to assist in an emergency a brother, who knew him only by reputation. The men had never met until the consultant was ushered into the sick-room unannounced. The physician in charge grasped him rudely by the shoulder, led him out, and told him no strangers were allowed in the room. On the consultant's giving his name, the other looked as if he had been caught in an act of felony. The man was one of those individuals who was morbid on the subject of having spectators visit his work, and it is said that he was in the habit, when entering a sick-room, of looking up and down and all around, like a dog over a bone, to see if there were any other dogs in the vicinity. He had the habit of being uncharitable, and lost no opportunity to pick at every little flaw in a brother's

conduct. He was ever going about with the chip of professional etiquette upon his shoulder, and saw no room for excuse for a friend's shortcoming. The mantle of charity he never wore—not the biblical charity, nor the alms-giving kind, but the broad, enduring charity for other members of our profession. He saw no reason or would only condemn a failure or bad result. If a brother was a little hard up, and sought to make a little money in a way that some of us ultra-ethical would sniff at, he was never ready with an excuse. He saw no sense in a different opinion, and would almost be insulted if one was strongly expressed in his presence. This lack of charity, this contentious spirit, was a habit that had mastered a nature and dwarfed a spirit capable of something better.

I can not help but think of a remark an old practitioner made to a party of friends once. He said—"whenever I am called to a place, and the two doctors each come to me at different times and tell me how I must look out for the other fellow, I always go away thinking what a couple of mean doctors that town holds, to be sure." This is the result of not forming a habit—the habit of wearing the medical charity.

I will leave you to tell what the habit is in the next case—for I fail to make the diagnosis—of an old physician that came to our town, through the influence of friends. The loud tocsin was sounded, and his arrival heralded with a flourish of many trumpets. The report of the wonders he had wrought in a single case went abroad throughout the length and breadth of the land, and people flocked to him to be cured of all their ailments. One of my patients expressed a desire to see him, and I spent an hour in studying a case that was to me a curiosity. His dress was antiquated, and his carriage pompous. He wore an old battered plug hat, and over his shoulders hung a pair of saddlebags. He carried a large cane, and would have been recognized anywhere fifty years ago as a doctor. His manner was positive; he made no mistakes, had no deaths, and cured everybody. My patient was an old consumptive—abscess in one apex, bronchiectasis on the other side; had had many attacks of hemoptysis, and was altogether in a bad way. The old gentleman did not believe in auscultation or percussion. He knew the man had malarial poisoning, and the expectoration came from the stomach as well as the lung. He cured nephritis by injections

of ice-water into the bladder. I acknowledged that I had never tried it. He cured cancer by electricity; claimed that cancer juice was carbonate of ammonia in solution, and if you applied the acid pole over the growth you would cure the cancer by neutralizing the excess of alkali. He did not have much faith in surgery. Had cured all the ovarian tumors he had ever met by causing their absorption with electricity. He did not believe in the operation to restore a lacerated cervix, and thought it made no difference if the surfaces didn't unite. He is not the only queer person in this part of gynecology. He never operated for lacerated perineum, but cured his patients by the use of isinglass plaster. I thought a long time upon this case, but give it up. I submit it to you.

The habit of relying upon the expectant plan of treatment is another of our little weaknesses, when carried to an extreme. Some treat the symptoms as they arise, regardless of cause. Such a physician is very likely to be smooth in his bearing, oily to the touch, and nurse his case as well as his patient. He will know all the words of learned length and thundering sound, is leisurely and self-satisfied, dislikes innovations, and holds fast to that which has the merit of being old. In nearly every matter under the sun he would say, "let nature take her course."

Then some have the habit of being loud-voiced and pompous, blustering and determined. His idea is to grapple with a disease and throw it. He looks upon the patient as a battle-ground, disease his natural enemy, and he goes at it with bare knuckles. His head is well developed about the mastoids, and he gives a medicine because it will do good. By nature and by habit he is a fighting man, and the worse his patient becomes the closer will he stick by him; and even after his patient has gone the way of all flesh, he still fights it out with the estate.

Did you ever see the doctor who looked wise; who had the habit of being grave and even grim; who was so deliberate that the act of taking out a watch and examining the pulse, was a procedure fraught with the most weighty importance. You know how careful he is of all the forms and ceremonies; how he will never offer an opinion until he gets yours. This is a habit which has grown clearly away from the affectation it resembles. This is the kind of doctor to travel—"on his shape."

I have known another man who was com-

pletely overpowering in his habit of exaggeration. His patients were always very bad—seldom or never much this side of death's door. He knew more positive facts than any one I ever saw, and had no hesitation what ever about coming to conclusions upon his case. In fact it was an ordinary practice for him to make a diagnosis while he hitched his horse at the front gate. This was the result of mere habit. He was never intentionally untruthful, but had grown into a habit of living in the superlative. This habit is infectious, I might say, and many of us contract it. In fact strong symptoms can be seen in almost any medical journal you may pick up. Sometimes only a mere shadow or shade of coloring on the clinical picture, and then again you can see it when it is on in great streaks and blotches of ugly reenforcement.

How many of us have the habit of being posted upon topics outside of our profession. Did you ever see Doc. Sifers? He knew something of everything, and nearly everybody under the sun. I imagine any of us would recognize him. He can talk all day, and never grow tired. He has a deep voice and an automatic self-acting mouth, that he can set going and go off and leave it. Discusses politics with everybody; meets the hired man at the gate, and knows all about the garden and crops. Dismisses his patient with two sentences, and then wrangles with the old women in the kitchen over the best methods of compounding tomato catsup; stays for dinner every time; never was in a hurry. Everybody likes him, and he is the enemy of nothing or nobody. All is grist that comes to his mill, and every piece of news is his private property.

I could also ask if you knew the doctor who values his services—who has the habit of thinking his time is of some value. He is a little gruff, perhaps, and is dignified to a fault. He enters the sick room as did the noble father of Edward Warren, with the manner of a master, the mein of a friend, and the bearing of a gentleman. He will note every item in the house in a few short glances, yet sees no hing but his patient. He never stares, is never surprised, was expecting that very thing to happen. His call is short, yet he is not in a hurry. He has such few words that he appears stingy with them. You might disagree with some men, but like old Sam. Johnson, you know a thing is so, for he just got through telling you, and

"that's an end on it." Woe to any one for one moment's interference, and he charges like the lawyers.

I can not let this opportunity go by without paying my tribute of respect to the standing and ability of the country doctor.

"Country doctor?" says Oliver Wendell Holmes. "Oh, yes, country doctor. Half a dollar a visit. Drive, drive, drive all day. Get up at night and harness your own horse. Drive again ten miles in a snow storm; shake powders out of tin phials; drive back again, if you don't happen to get stuck in a drift. No home, no peace, no continuous meals, no unbroken sleep, no Sunday, no holiday, no social intercourse; but one eternal jog, jog, jog in a sulky, until you feel like the mummy of an Indian, who had been buried in a sitting posture, and was dug up a hundred years afterwards."

He also calls us the wheeled animal of infusions, and says a house is good enough for incidental purposes, but for a good steady residence give us a carriage.

But, my dear old Autocrat, that was over thirty years ago, when you thought so little of us, and then we claim the improvement of the three decades. No more half-dollar figures for us; we charge good prices and expect payment. We drive, for the most part, over nicely graveled roads and well paved streets. We have a man whom we pay to get up at night and harness, not old Dobbin, but a product of blue grass that can clip off a mile in four minutes if we call for it. Our ten mile drives, many of them, can be made on the cars, which are ever at our convenience. We are only a few minutes from our druggist, and only an hour from our instrument maker. We don't shake powders of licorice and acacia out of two phials, but are very careful to have the most active and potent prescriptions at our disposal. We are no longer, dear doctor, the disgusting, nauseating necessity and parturient appendage you thought us. Most of us have pleasant, happy homes. We have our meals for the most part regularly. Our patients are educated away from calling us up at night for trivial matters. We only ask an hour or two of Sunday's time. We take a holiday once a month for our medical societies, and most of us have a summer vacation. The telephone and telegraph are convenient to our offices. We get the history of the entire medical world once a week. We have more books, and better books, than any other set of men.

Our instruments are ever ready, and of the very latest patterns. We know something of antiseptic and aseptic methods. We haven't had a drop of pus in an operation wound in five years. Each of us cultivates an excellence in some particular branch. We call our consultant physicians, not because we like this one or that one, but because we have measured each man in our societies, and know the one who can help us most in a particular case.

Some of the older ones of us are like good old Dr. Kittridge, who had lived right among sick folks for five and thirty years, and had a library of five and thirty volumes bound up in his head at the end of that time. He knew the bigger part of all the families in a dozen miles of him—those that have the way of living through everything, and the other set that have the trick of dying without any sort of reason for it. He knew the years when the fevers and dysenteries were in earnest, and when they were only making believe. He knew the folks that think they are dying as soon as they're sick, and those that never find out they're sick until they're dead. There are things he doesn't know, for they came in after his day, and he is very glad to send for those who do know them when he is at fault. But he knows the people in his neighborhood as all the science in the world can't know them, unless it takes time about it, and sees them grow up and grow old, and how the wear and tear of life comes to them.

In short, were I to say in a word my tribute to the average country doctor, it would be this—"He can do more things well than any other man." And if he has his little failings, and weaknesses and fondnesses and shortcomings,

Don't blame Doc—he's got all sorts o' curious notions, as

The feller says—he's "odd-come shorts," like smart men mostly has.

But all they're faultin' Sifers for, they's none of 'em kin say

He's biggety, er keerless, er not posted, anyway; He ain't built on the common plan of doctors, now-a-days;

He's jest a great, big, brainy man—that's where the trouble lays!

A case of leprosy has been discovered at Chester, Pa., by Dr. J. Frank Evans, the diagnosis being confirmed by Drs. Daland, Pepper and Duhring, of Philadelphia. The patient has been isolated.—*Med. and Surg. Rep.*

PEROXIDE OF HYDROGEN AND OZONE: THEIR ANTISEPTIC PROPERTIES.*

BY PAUL GIBIER, M. D.

Director of the Pasteur Institute of New York.

Since the discovery of peroxide of hydrogen by Thenard, in 1818, the therapeutical applications of this oxygenated compound seem to have been neglected both by the medical and surgical professions; and it is only in the last twenty years that a few bacteriologists have demonstrated the germicidal potency of this chemical.

Among the most elaborate reports on the use of this compound may be mentioned those of Paul Bert and Regnard, Baldy, Pean and Larriue.

Dr. Miguel places peroxide of hydrogen at the head of a long list of antiseptics, and close to the silver salts.

Dr. Bouchut has demonstrated the antiseptic action of peroxide of hydrogen, when applied to diphtheritic exudations.

Prof. Nocart, of Alfort, attenuates the virulence of the symptomatic microbe of carbuncle, before he destroys it, by using the same antiseptic.

Dr. E. R. Squibb,† of Brooklyn, has also reported the satisfactory results which he obtained with peroxide of hydrogen in the treatment of infectious diseases.

Although the above mentioned scientists have demonstrated by their experiments that peroxide of hydrogen is one of the most powerful destroyers of pathogenic microbes, its use in therapeutics has not been as extensive as it deserves to be.

In my opinion the reason for its not being in universal use is the difficulty of procuring it free from hurtful impurities. Another objection is the unstableness of the compound, which gives off nascent oxygen when brought in contact with organic substances.‡

Besides the foregoing objections the surgical instruments decompose the peroxide, hence, if an operation is to be performed, the surgeon uses some other antiseptic during the procedure, and is apt to continue the application of the same antiseptic in the subsequent dressings.

* Read before the International Medical Congress, held at Berlin, Germany, on the 7th of August, 1890.

† Gaillard's Medical Journal, March, 1889.

‡ The peroxide of hydrogen that I use is manufactured by Mr. Charles Marchand, of New York. This preparation is remarkable for its uniformity in strength, purity and stability.

Nevertheless, the satisfactory results which I have obtained at the Pasteur Institute of New York with peroxide of hydrogen, in the treatment of wounds resulting from deep bites, and those which I have observed at the French clinic of New York, in the treatment of phagedenic chancres, varicose ulcers, parasitic diseases of the skin, and also in the treatment of other affections caused by germs, justify me in adding my statement as to the value of the drug.

But, it is not from a clinical standpoint that I now direct attention to the antiseptic value of peroxide of hydrogen. What I now wish is merely to give a full report of the experiment which I have made on the effects of peroxide of hydrogen upon cultures of the following species of pathogenic microbes: *Bacillus anthracis*, *bacillus pyocyaneus*, the bacilli of typhoid fever, of Asiatic cholera, and of yellow fever, *streptococcus pyogenes*, *micro-bacillus prodigiosus*, *bacillus megaterium*, and the bacillus of osteomyelitis.

The peroxide of hydrogen which I used was a 32% solution, yielding fifteen times its volume of oxygen; but this strength was reduced to about 1.5%, corresponding to about eight volumes of oxygen, by adding the fresh culture containing the microbe upon which I was experimenting. I have also experimented upon old cultures loaded with a large number of the spores of the bacillus anthracis. In all cases my experiments were made with a few cubic centimetres of culture in sterilized test-tubes, in order to obtain accurate results.

The destructive action of peroxide of hydrogen, even diluted in the above proportions, is almost instantaneous. After a contact of a few minutes, I have tried to cultivate the microbes which were submitted to the peroxide, but unsuccessfully, owing to the fact that the germs had been completely destroyed.

My next experiments were made on the hydrophobic virus in the following manner:

I mixed with sterilized water a small quantity of the medulla taken from a rabbit that had died of hydrophobia, and to this mixture added a small quantity of peroxide of hydrogen. An abundant effervescence took place, and, as soon as it ceased, having previously trephined a rabbit, I injected a large dose of the mixture under the *dura mater*. Slight effervescence immediately took place and lasted a few moments, but the animal was not more disturbed than when an injection of the ordinary virus is given. This

rabbit is still alive, two months after the inoculation.

A second rabbit was inoculated with the same hydrophobic virus which had not been submitted to the action of the peroxide, and this animal died at the expiration of the eleventh day with the symptoms of hydrophobia.

I am now experimenting in the same manner upon the bacillus tuberculosis, and if I am not deceived in my expectation, I will be able to impart to the profession some interesting results.

It is worthy of notice that water charged, under pressure, with fifteen times its volume of pure oxygen has not the antiseptic properties of peroxide of hydrogen. This is due to the fact that when the peroxide is decomposed nascent oxygen separates in that most active and potent of its conditions next to the condition, or allotropic form, known as "ozone." Therefore it is not illogical to conclude that ozone is the active element of peroxide of hydrogen.

Although peroxide of hydrogen decomposes rapidly in the presence of oxygenic substances, I have observed that its decomposition is checked to some extent by the addition of a sufficient quantity of glycerin; such a mixture, however, can not be kept for a long time, owing to the slow but constant formation of secondary products, having irritating properties.

Before concluding I wish to call attention to a new oxygenated compound, or rather ozonized compound, which has been recently discovered and called "glycozone," by Mr. Marchand. This glycozone results from the reaction which takes place when glycerin is exposed to the action of ozone under pressure—one volume of glycerin with fifteen volumes of ozone produces glycozone.

By submitting the bacillus anthracis, pyocyaneus, prodigiosus, and megaterium to the action of glycozone, they were almost immediately destroyed.

I have observed that the action of glycozone upon the typhoid fever bacillus, and some other germs, is much slower than the influence of peroxide of hydrogen.

In the dressing of wounds, ulcers, etc., the antiseptic influence of glycozone is rather slow if compared with that of peroxide of hydrogen, with which it may, however, be mixed at the time of using.

It has been demonstrated in Pasteur's laboratory that glycerin has no appreciable antiseptic influence upon the virus of hydro-

phobia; therefore, I mixed the virus of hydrophobia with glycerin, and at the expiration of several weeks all the animals which I inoculated with this mixture died with the symptoms of hydrophobia. On the contrary, when glycerin has been combined with ozone to form glycozone, the compound destroys the hydrophobic virus almost instantaneously.

Two months ago, a rabbit was inoculated with the hydrophobic virus, which had been submitted to the action of this new compound, and the animal is still alive.

I believe that the practitioner will meet with very satisfactory results with the use of peroxide of hydrogen, for the following reasons:

1. This chemical seems to have no injurious effect upon animal cells.
2. It has a very energetic destructive action upon vegetable cells—microbes.
3. It has no tonic properties; five cubic centimeters injected beneath the skin of a guinea-pig do not produce any serious result, and it is also harmless when given by the mouth.

As an immediate conclusion resulting from my experiments, my opinion is, that peroxide of hydrogen should be used in the treatment of diseases caused by germs, if the microbian element is directly accessible, and it is particularly useful in the treatment of infectious diseases of the throat and mouth.

A CASE OF EMPYEMA, WITH SPONTANEOUS EVACUATION OF PUS.

BY V. E. ANDREW, M. D., INDIAN POLIS.

Southside Physician City Dispensary.

Dora P., aged eight years, of Russian Jewish parentage, living on South Tennessee street, in this city, was brought to the Dispensary for treatment August 5th last. The child was poorly nourished, being of average height but quite slender, with a sallow complexion, dark lines under the eyes, and an expression of face which indicated some grave disturbance.

The mother stated she had not been well for some time. She complained now of a "hurting" in her right side, over the lower ribs; the stomach was giving her quite a good deal of trouble, the food not digesting satisfactorily; obstinate constipation was also present to such a degree that an im-

pacted colon was suspected. There was little or no pyrexia; pulse was accelerated.

After the cursory examination, such as we are usually compelled to give patients when a large number wait their turn for medical attention, a digestant for the stomach and a cathartic to unload the bowels were prescribed. The patient did not return to the Dispensary for about two weeks, the gastric and enteric troubles being largely relieved. But the systemic disturbance was more marked; pulse about 120 per minute; temperature 102° F. The pain in the side was more intense, and tension was relieved by leaning to the right side in walking. The patient was scarcely able to be out of bed. The case was referred to Dr. Vernon, of the staff, with instructions to see doctor next day at the office.

After a careful examination, the distension having become prominent over the lower part of the right chest, a diagnosis of empyema was given.

I called on the patient at her home next day. Then saw her in consultation with Dr. Vernon on the following day, when we decided something must be done very soon to relieve the patient's system of this large quantity of pus. Dr. Sutcliffe was asked to go, prepared to make paracentesis on the next day, which he kindly consented to do.

On arriving at the house of the patient her temperature was found to be 104° F., the pulse 135 per minute, and found to be quite weak; she complained a great deal of pain in the right shoulder, extending down the arm. The lower part of the right chest wall was greatly distended. Dr. Sutcliffe concurred in the diagnosis of empyema.

The principal facts considered in the consultation which followed were the almost moribund state of the patient, the great mortality following the operation where the conditions are more favorable than they were in this case, and also the fact that these people were charity patients, with a very meager amount of intelligence in regard to such matters. So it was decided to state the facts in regard to the probabilities of recovery or death to the parents, and let them have time to decide what should be done.

After explaining to the parents, in as clear a manner as possible, the great dangers attending an operation, the probabilities of death from exhaustion, etc., they decided to let the child die rather than to take, what they considered to be an extra risk from the operation. We decided to wait and let the

parents ask for an operation rather than insist that that course was the child's only salvation, as we fully believed.

In the meantime antipyretics were administered to reduce, if possible, the temperature; the syrup ferri iodidi, in one-half teaspoonful doses, was given three times a day; and as nourishing a diet as their circumstances could afford was directed. Tincture of iodine was used externally twice a day over the distension. The symptoms seemed to be held in check by this course of treatment. The pain became less severe, and temperature lower.

It was about the third or fourth day after the last consultation, at my regular visit for the day, that the mother informed me the child had coughed quite hard during the past night, and had thrown up a large quantity of matter. The distension in the side was diminished, and there was a gradual and permanent improvement from this time on till the case was dismissed about a month later, cured by that marvelous physician and surgeon—*Nature*.

Koch's Method for Consumption.

The danger of making announcements of proposed cures for diseases which have long defied medical science, is receiving a new illustration in the developments concerning the hopes received by Prof. Koch's announcement at Berlin, that he had discovered a method of treating tuberculosis by some sort of inoculation. Since that time the newspapers have contained various statements—some that the method was a success and would shortly be generalized, and others that Koch was asking for more time in which to perfect it, and again that he was endeavoring to generalize the principle so that it should include not only consumption, but also a variety of other diseases. Meanwhile those who have watched the history of similar procedures may possess their souls in patience, and not allow themselves to be too much elated at the prospect of speedily reaching a goal, towards which, for thousands of years, the medical profession has been striving, without making any startling progress.

It would be so great a boon if some method could be devised by which the human system could be made incapable of contracting a disease which now destroys so large a proportion of the human race, or if it could be actually "cured" with such promptness as has recently been asserted, that it is no

wonder investigators should hail Koch's announcement with delight, and be a trifle too ready to accept it.

But it may be well to remember when such scintillations from the laboratory appear and attract universal attention, that so far there is no known method of preventive inoculation, which is in general and practical use, and which has been proved to be successful, if we except that of vaccination—which is so totally dissimilar in philosophical principle from the recently proposed methods with which the name of Pasteur is inseparably associated, that it is hard to understand how so many men belonging to a profession requiring a certain amount of logical acumen, should have overlooked the fact. Furthermore, if we call to mind Pasteur's announcements during the past twenty years, and remark how almost unheard of they are to-day, while the diseases—in grape vines, in silkworms, in swine, in dogs, and in men—for which they were proposed with such confidence, are still flourishing in various parts of the world, it seems cruel or unprincipled to announce with so great positiveness a preventive or curative treatment for consumption, unless it is such that its details can be published without any of those charlatan-like tricks which seem to be regarded by certain experimentors as perfectly legitimate.

We can not but condemn the secrecy with which Koch is said to guard the details of his method of treating consumption, though we would most earnestly hope that it might prove successful. So far, however, we may say to our readers that in the accounts published about it there is nothing except food for curious and interesting speculation.

This is a judgment which is deliberately formed, and which we put on record now, partly as a protest against the haste with which some members of the profession accept illusory promises, and partly to prevent other men and women from running into what we believe to be a road to most bitter disappointment. But history is sometimes made very fast; and if we are wrong no one will rejoice more than we shall.—*Med. and Surg. Reporter*.

The constitution of the American Academy of Medicine was altered at the last annual meeting, so as to admit, in addition to those possessing the degrees of A. B. and A. M., those who can present evidences of preparatory liberal education equivalent to the same.

The Indiana Medical Journal

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SCATTER SUNSHINE.

In these days of the revival of hypnotism and other psychical influences as therapeutic measures, it may not be amiss to call to mind the influence of a strong, vigorous, self-reliant mind upon those who for any reason are lacking in any of these characteristics. We admire a positive, self-sufficient man. We seek for associates those who are stable, firm in opinion, constant under all circumstances. Such attributes modified by the influence of cheerfulness, kindness and sympathy, are a treasure to the physician and his patients.

The mission of the physician is to the distressed both in body and in mind. Though often oppressed with the weight of others' cares, it is his duty and privilege to relieve pain, to afford weary nature needed rest, to calm the overwrought nerves, to soothe the mental distress which so frequently aggravates physical ills, and often, indeed, form the chief cause of the physical ailment. To whom, therefore, is a sunshiny disposition so essential as to the dispenser of comfort among the distressed? The minister may be pensive, sad or even gloomy, and yet full of sympathy. Such a man be revered by his

flock and esteemed for his holiness, yet brightness and hopefulness would add to his usefulness. The attorney may be grave and stern, the judge cold and dignified, but the doctor, above all others, ought to carry about him a shimmering of sunshine which should radiate from him in the darkest hovel, the prison or the palace.

Do you not recall the bright, hopeful, cheering hour of the good doctor's visit when your tired body ached with exhaustion, the bed-chamber was irksome, and life's brightness was obscured by your mental hebetude?—Have you forgotten the mild, soothing twinkle of the doctor's kind eye, and the panacea of his cheerful words? With what new zest you took up the dull routine of a sick man's day after he had permitted you to absorb, by some mysterious alchemy, enough of his sunshine to line the hither-side of your gloom-cloud with a tinge of golden beauty.

Happy is the physician who can mingle the sunshine of a cheerful, hopeful disposition with his therapeutic measures. Cultivate this cheerful disposition, and you will be amply repaid both by the additional enjoyment you get out of life, and by the help you afford those whose condition renders them especially susceptible to the psychical tone of the attending physician.

Changes in Medical Officers.

"If so soon we are done for, what were we begun for," would seem to be an appropriate sentiment for several physicians of Indianapolis, who, as a result of political reverses, will be compelled in a short time to hand their offices over to the "enemy."

On January 1, 1891, the present superintendent of the City Hospital, in consequence of circumstances over which he had no control, will deliver the keys of the institution to Dr. George Edenharter, a genial gentleman of splendid qualifications and unimpeachable integrity. He is about thirty years old, and has been practicing his profession successfully in this city since his graduation five or

six years ago. The JOURNAL congratulates Dr. Edenharter and the profession of this city upon his unanimous election to the office of superintendent of the City Hospital.

The superintendent of the City Dispensary, Dr. Fred. Woodburn, will be succeeded by Dr. C. N. Metcalf, well known throughout Indiana as the genial and efficient secretary of the State Board of Health. Dr. Metcalf received his medical education at the University of Ann Arbor, and has practiced his profession successfully in this city for ten or twelve years.

Dr. Frank E. Manker, the secretary of the Marion County Board of Health, has been elected coroner of the county, and in a few days will hold an inquest over the political remains of his predecessor, Dr. Wagner, who has held the office four years. Dr. Manker is an energetic young physician, with hosts of friends and a bright future. If he pursues the fleeting coronial fees with the same energy and pertinacity of his predecessor, it is safe to predict that he will hand his office over to his successor with a few more dollars in his pocket than when he was installed.

Dr. C. W. Beck has been elected secretary of the County Board of Health. He has practiced his profession in this city since his graduation three or four years ago. He has talent, education and energy, and is well qualified for the place.

The City Board of Health will hereafter be composed of Drs. E. J. Brennan, W. J. Browning and H. C. Cunningham. Drs. Browning and Brennan are well and favorably known to the profession and public. The former was for several years an assistant physician in the Indiana Hospital for the Insane; the latter is the Professor of Obstetrics in the Central College of Physicians and Surgeons.

Since writing the above Dr. Brennan has resigned.

Dr. H. O. Pantzer, who has returned from Europe, recently gave the JOURNAL a pleasant call. He was highly pleased with the Berlin Medical Congress.

NOTES AND COMMENTS.

Prof. Bartholow having refused to take a vacation, the trustees of Jefferson Medical College have declared his chair vacant. The students of that institution are intending to make it warm for Prof. Bartholow's successor.

The *Therapeutic Gazette* says that one part of menthol, twenty parts of alcohol, and thirty parts of simple syrup, relieves nausea and vomiting—sometimes even the obstinate vomiting of pregnancy—if given in teaspoonful doses every hour.

Dr. Carl H. Von Klein, Dayton, Ohio, avers that morphia, in amount equal to that which would be administered hypodermically, will act more promptly and its effect will persist longer, if snuffed into the nostrils than if administered by any other method.

Prof. Koch is experimenting with the bactericide which he announced in the Berlin Congress. It is claimed that this antibacterial agent produces the same effect in man as in the guinea pig. What is the agent? Is tuberculosis to be stamped out by inoculation or prophylactic treatment?

Dr. Lemoine has tested the mercurial treatment of dysentery in 102 cases, in the military hospital of Oran. Calomel internally, or combined with enemata of sublimate, were used. There were no deaths, neither was there symptoms of poisoning. He attributes the favorable action of mercury to its antiseptic power.

Americans are built upon the high-pressure plan. It seems that all classes are moved by the all-pervading spirit of unrest. Business and professional men, and statesmen, are especially prone to overwork. Brain-workers, who ought to know that overstrain inevitably brings premature decay both of body and of mind, permit greed, or pride, or ambition so to dominate sober judgment, that the country and the profession suffer the loss of many of the brighter lights through the unwillingness of brilliant men to curb an unwise energy.

A man died at the Brooklyn City Hospital under the administration of ether for a surgical operation. It is said that only four drachms of ether had been used when the fatal result occurred.

The mystery enveloping the causation of diabetes seems in a fair way to be cleared up. Observers in different parts of the world have noted that the pancreas in the diabetic is always at fault in some way. The administration of pancreatin markedly stops the progress of emaciating diabetes.

A friend of ours in this city declares that, in his hands, the best local treatment for erysipelas is a paste of bismuth subnit., made with water, and applied one coat after another to the inflamed area, and some little distance beyond. As often as the patient feels that the plaster is beginning to constrict the parts, a fresh coating of the paste should be laid on over the old one.

The *N. Y. Med. Jour.*, in an editorial, calls attention to the successful treatment of acute pleurisy with salicylates, and suggests the probability that acute pleurisy and acute rheumatism depend upon the same cause. The analogy between the joints and the pericardium and pleura, as pointed out by Mr. Hilton in *Rest and Pain*, is cited and enlarged upon. The *Journal* hopes that many observations as to the effect of salicylates upon pleurisy may be made and reported. This is a promising field for the observant physician.

Dr. Henry Thayer very warmly advocates the administration of drachm doses of sulphate of magnesia every four hours until the discharges become watery, and then at longer intervals, as a very prompt and effective method of treating dysentery. Dr. W. H. Beck, of Bartholomew county, Ind., is a very warm advocate of this method of treatment, and he as well as Dr. Thayer has used it with gratifying results for forty years. Heberden, in *Commentaries on the History and Cure of Disease*, probably proposed the treatment, and Bartholow speaks highly of it.

Dr. W. Washburn, in *Med. Record*, verifies the veratrum treatment of tonsillitis, proposed by Dr. A. S. Hudson, and emphasizes the necessity of using morphia in conjunction with veratrum viride for the purpose of supporting the heart's action. He is satisfied that sufficient doses of the veratrum can not well be borne without bracing the heart with morphia.

It is said by the Philadelphia papers that Dr. Roberts Bartholow is perfectly rational upon all but two points. These are imagining that the police are shadowing him, and that his wife's affections have been alienated from him. We sincerely hope that rest and change of scene may restore the mind of this truly great man, who has now the highest esteem of the profession throughout the world.

We are pleased with the action of the faculty of the New York Polyclinic, in their resolution to exclude all but graduates of regular medical colleges from matriculating at that school. At this moment there are irregulars from this city attending post-graduate schools in the East—grinding their knives upon our whetstones—preparatory to the work of disemboweling reputable practitioners.

In the treatment of acne, Dr. Frederick J. Leviser, Dermatologist to St. Bartholomew's and Randall's Island Hospitals, speaks very highly of the application of hot water, plain or medicated, thus: Zinc sulph., one drachm; potassii sulph., one drachm; aquæ rosæ, four fluid ounces. Dissolve each of the ingredients in one half the water; mix and add resorcin, one drachm. Sig.—Lotion, and shake well. This lotion should be used hot at night and cold in the morning. The hot application is made, not by a lavement, but by saturating a bit of absorbent cotton, placed in the mouth of a test-tube, with boiling water or the above solution. This hot application is kept in contact with the face about one half minute at each point treated, and five or six points on each side of the face are treated at each sitting.

Practical Medicine.

To Prevent the Spread of Diphtheria

BY THEODORE POTTER, M. D.

Lecturer and Demonstrator in Bacteriology, Medical College of Indiana.

From the *Medicinische Monatsschrift* we translate, in condensed form, the remarks of Prof. Loeffler made at the Berlin Congress:

Diphtheria does not, as cholera does, belong in any peculiar way to particular localities, but occurs widely distributed as an epidemic. Only with the certain knowledge of the hostile power comes the possibility of successfully conquering it. In such a hopeful position are we to-day as regards diphtheria. All authorities of all nations are to day unanimous that the exciting cause of diphtheria is to be sought in the bacillus found by Klebs in 1883. Upon the basis of this knowledge we may lay down certain rules for the prevention of the disease.

Loeffler then discusses the necessity of isolating the patients, removal from the sick-room, as much as possible, of things which may harbor the germs, the removal to a hospital of those improperly housed, and the certain disinfection of clothes, bed coverings, etc, by steam. He states that the bacilli can live in bits of mucous membrane or false membrane for from six to sixteen weeks, and upon this fact bases his rules as to the return of children to school. It is also shown that the germs retain their life much longer when moist, and that damp houses favor the spread of diphtheria.

The important question of the relation of animals to human diphtheria is reviewed, and the position positively taken that the danger of infection from animals is ruled out; one animal, the cat, being perhaps excepted.

It is not necessary that the mucous membrane be broken or diseased in order that the diphtheria bacillus may find successful lodgment, any more than disease of the stomach is necessary to cholera. The climate of a country has no recognizable effect upon the

danger of the diphtheritic infection. The paper was summed up as follows:

1. The cause of diphtheria is the Klebs bacillus. This exists in the excretions of the diseased mucous membrane.

2. The bacillus is ejected with the excretions of the mucous membrane, and may be deposited upon anything in the neighborhood of the patient.

3. The patients harbor virulent bacilli, so long as the slightest trace of membrane lasts, and for some days after the latter disappears.

4. Rigid isolation so long as bacilli are present. Children should be kept from school at least *four weeks*.

5. The bacilli may live in pieces of membrane, in a dry state, four to five months. Hence the necessity of energetic disinfection of room, clothes, etc. Walls should be rubbed down with bread, the floor washed with 1:1000 sublimate, admission of light, and drying. Especially dangerous are houses recently infected and kept closed for some time.

6. The bacilli grow outside the body, at ordinary room temperature, 77 C. Flourish in milk.

7. The diphtheritic diseases of certain animals—pigeons, chickens, calves, pigs—are not due to the bacillus of human diphtheria; they are, therefore, not sources of human diphtheria: the few observations to contrary have been misinterpreted. The relation of a certain disease of cats to human diphtheria needs further investigation.

8. Lesions of the mucous membrane assist infection, but susceptible persons may sicken without such previous lesions.

9. When epidemics prevail, the regular use of a mouth and throat wash is advisable. Ordinary aromatics or sublimate of 1:10,000 are good. The throats of school children should be frequently examined at such times.

10. Meteorological influence on the spread of diphtheria has not been recognized with certainty.

Prof. Roux, of Paris, confirmed the teachings of Loeffler, emphasizing the value of disinfection of the mouth, excreta and rooms.

German Notes.

From the *Med. Monatsschrift* also the following practical notes, collected from recent continental literature:

Night Sweats.

According to the researches of Leu (*Charite Annalen*, 1889), camphoric acid is more certain in the night-sweats of phthisis than atropine, over which it has the advantage that, aside from an occasional vomiting when large doses are given, it has no secondary effects. To get results give in the evening, at short intervals, fifteen grains. According to Schultze, after fifteen grains of camphoric acid, the effect begins in half an hour and lasts from six to eight hours; so that after six hours a second dose will be necessary. Schultze goes as high as forty five grains in twenty-four hours. The drug is given as a powder in wafers.

Catarrhal Icterus.

Pilocarpin has, according to Witkowsky's experience, so prompt an effect upon catarrhal icterus that it deserves to be used, not only as therapeutic specific, but as a diagnostic adjuvant. In all cases in which pilocarpin does not bring an icterus to an end within ten or twelve days, we are justified in pronouncing the source of the jaundice to be a deep seated hepatic lesion. Here its action fails. When a severe hepatic affection can not be recognized clinically, and at the same time no contra-indication exists on the part of the heart, we may with confidence, according to Witkowsky's recommendation, use pilocarpin, to serve the double purpose of diagnosis and therapy. It is given daily, once or twice in doses of one-seventh grain.

Sublimate Injections in Dysentery.

According to Dr. Lemoine (*Bull. Gen. de Ther.*), in the military hospital at Oran, fifty-three cases of dysentery among two hundred were treated by sublimate enemas. The solution was 1:5000, two or three hot injections daily of about six ounces each, retained ten minutes. In chronic dysentery with mild

symptoms—mucous stools and blood-streaks—the symptoms ceased after a single day's treatment: in acute dysentery there was a distinct diminution after the first day, and after three or four days the mucous stools disappeared. Tenesmus and pains became less with the injections. When the anus was very sensitive, local applications of cocaine; when colicky pains were present, opium was added to the clysters. The effect was sometimes so marked that constipation developed, which had to be treated with purgatives.

Ingrowing Nails.

Burckhauer (*Munch. Med. Woch.*, 24) recommends the following practice, which he has tried on himself and a number of others. The involved side of the nail is moistened with a little warmed forty per cent. potash solution (hydrate). when the superficial part of the nail becomes so soft in a few seconds that it can be removed, like butter, with a piece of sharp-edged glass (use glass only, on account of the potash solution). It is then again moistened and again scraped, and so on, till the nail is as thin as paper. The nail so thinned is lifted with forceps, raised out of the soft parts which have outgrown it, and removed with scissors.

Nitroglycerin in Asthma.

Hoffman, in Baltimore, gets immediate effects in attacks of angina pectoris, severe asthma, and trigeminal neuralgia, by subcutaneous injections of 1 140 to 1-70 grain of nitro-glycerin (trinitrin), which are conveniently kept in tablets in glass tubes ready for use. Aside from a few complaints of throbbing in the brain, no unpleasant phenomena were observed.—*Alg. Med. Cent. Zeitung*.

Chlorosis.

Wilhelmi has had most prompt results in the treatment of even very obstinate cases of chlorosis, which resisted all ordinary means, by small bleedings. Soon after the bleeding the symptoms improved, as well the subjective as the objective.—*Cent. fuer Klin. Med.*

Koch's Discovery.

The reports in regard to Koch's discovery of a method of preventing and jugulating tuberculosis, are coming thick and fast. Every one is, of course, interested and hopeful.

The latest statements from Koch at this writing are as follows: The remedy is a brownish fluid, which is injected, in a highly diluted state, under the skin. Prompt reaction follows where tuberculosis is present, and the tuberculous tissue—not the bacilli—is destroyed and replaced by healthy tissue. To secure this result the injections must be made a number of times as a rule, at intervals of some days. The process of change is best watched in lupus. The bacilli in cavities are probably not destroyed; therefore, the applicability of the remedy to the direct cure of advanced cases is still uncertain, as also the permanency of the cures. Bone and joint tuberculosis is decidedly amenable to this treatment, with the same apparent limitations. Surgery probably will have to come in to remove the undestroyed remains of the disease. Since it seems to affect only tuberculous tissue, the treatment may probably be used as a means of diagnosis in uncertain cases, especially of extra-pulmonary disease. In pulmonary cases the positive diagnosis by the bacteriological test has risen to the greatest importance, since it would be folly to apply the treatment indiscriminately upon all those who think, or imagine they have consumption. The physician, therefore, who in the future neglects to see to it that his patient has the benefit of this diagnostic means, thus recklessly applying the treatment or allowing the cases to go unrecognized, will be almost criminal.

The material must be kept free from contamination, be sterilized if suspicious, and be used soon after dilution or be again sterilized.

All the other means of treatment, hygienic and medical, will probably remain, even if this proves to be what is hoped. Therefore, it must remain strictly confined to competent professional hands.

Some further investigations are necessary

to settle the full value of the method, its permanence, the question of lasting immunity following its application, and we are called upon to be careful, to avoid slipshod methods, to use all means of diagnosis and treatment in our power, and to watch carefully the cases in the immediate future, using the bacteriological test of a return of the disease in doubtful cases.

These are briefly the points as put by Koch. We will do well to observe them carefully, avoid mere sensations, and apply to our conduct the maxim, *festina lente*. Watch Koch!

Obstetrics and Gynecology.

Synopsis of a Paper on Indications for Operation in Ectopic Gestation.*

BY CHAS. A. L. REED, M. D., CINCINNATI, O.

This paper starts with the assumption that the only proper treatment of ectopic gestation is by laparotomy, or, more properly, cœliotomy. While the profession has become practically unanimous that this is the proper line of treatment, the indications for operation have been less definitely decided upon. This conviction is forced upon the observer, not only by a study of the literature of the subject, but by encountering cases which have been advised against operation by their attending physicians, until hemorrhage within the pelvis has threatened a fatality, which is but too frequently realized. The most legitimate excuse for this dilatory practice, is to be found in the confusion which has arisen with regard to the supposed uniform causal relationship of ruptured ectopic gestation to pelvic hematocele, and the division of the latter into "primary" and "secondary" rupture. These terms are unfortunate, and, as used in this connection, may be entirely arbitrary. "Primary" rupture is made to mean rupture beneath the peritoneum, instead of "first" rupture, as the etymology of the word would imply, while "secondary" rupture is made to mean rupture within the peritoneum, instead of "second" rupture. Whereas, an intra-peritoneal rupture may be, and frequently is a primary rupture, when spoken of with reference to

* Read before the Southern Surgical and Gynecological Association, at Atlanta, Ga., November 12, 1890.

the sequence of events in ectopic gestation. There would be no serious confusion even here if we were not also taught to leave extra-peritoneal hematoceles alone to be taken care of by absorption, and if we did not add that, as these hematoceles are generally caused by ruptured ectopic gestation sacs, we are to relegate these cases also to the expectant plan of treatment. This conclusion is without warrant, and is responsible for hundreds of deaths annually from this one cause.

The treatment of ectopic gestation premises the diagnosis of this condition. This is obviously difficult, and in the majority of instances can not be arrived at at all, or, if at all, only presumptively; but in all these cases conditions can be found in the pelvis, which if not conclusive of extra uterine pregnancy, yet constitute conclusive indications for exploratory operation. The presumption of ectopic pregnancy can be arrived at before rupture, chiefly by a history of previous sterility, by a previous amenorrhea, followed after a few weeks by irregular hemorrhage, by increased tumefaction to either side or back of the uterus, and by the existence of false decidua within the uterus. The latter fact may be safely determined by the judicious use of the Emmet curette forceps. The diagnosis after rupture is essentially the diagnosis of internal hemorrhage. Time wasted either to determine the cause of that hemorrhage, or to find out if it be "primary" or "secondary," is criminal. The thing to do is to cut down and operate. The position has been taken that time should be taken for the patient to rally from the shock. One of my own cases died simply because I waited twelve hours for reaction—a lesson which taught me the fallacy of the old teaching, and which has since saved lives at my hands. The best way to overcome shock from internal hemorrhage is to stimulate the patient by giving ether, stop the drain by ligating the bleeding vessels, and rouse the nervous system by washing out the belly with hot water.

In cases which come under observation after reaction from primary shock, shall we wait for evidences of so-called secondary rupture? In one of my cases suppuration occurred, and in another the blood-clot grew until in the course of some weeks it measured nine pints when I removed it, and still another case emphasized the latter fact. These cases all recovered, but they taught me the fallacy of waiting for absorption.

What shall be done with the appendages on the other side? In view of the fact that tubal pregnancy generally depends upon desquamative salpingitis, as confirmed by the recent observations of Formas before the American Association of Obstetricians and Gynecologists, and in view of the fact that this disease is almost uniformly bilateral, the question is at once raised: Is the woman liable to an ectopic pregnancy on the other side? Herman, in the *British Med. Journal*, September 27, 1890, reports such a case, and Tait reports another with death from rupture of the second conception. Leopold Meyer reports another, and refers to verified cases by Veit and Olshausen. There are now at least ten cases on record. From this I conclude that if the patient's condition at the time of operation is such as to justify further interference, the appendages from both sides should be removed.

In the presence of rupture, the indications for operation are so imperative that no time should be lost in unnecessary preparation. In this connection, a recently reported case by Manley, of New York, offers points for the severest criticism. In that case a night was waited for a reaction, which was not realized, and a part of the day was squandered in washing the wall paper to meet Listerian indications while the woman was bleeding into her abdominal cavity, and although by dint of marvelous vitality she recovered, the lesson is none the less impressive that the delay was culpable.

The question of viability of the child has some bearing upon the line of treatment to be adopted. If the case has passed beyond the sixth month, let it proceed to term, but only under the strictest possible surveillance and with preparations at hand to operate at any moment. The statement by Manley that "ectopic or extra-uterine pregnancy is not attended with great peril to the mother's life," (*Intern. Jour. Surgery*, October, 1890) could be accounted absurd, if its influence were not murderous.

The conclusion to be arrived at from the most careful study of the subject, is that so clearly expressed by Tait, viz.: "If I ever should make a diagnosis of tubal pregnancy before rupture, I should advise its immediate removal by abdominal section, as being more certain and far more safe than the fancy methods of puncturing the cyst and injecting poisonous fluids, or passing through it some kind of galvanic current."

Tamponning the Uterine Cavity for Post-Partum Hemorrhage.

Dr. Simon L. Elsner, in a paper read before the Central Medical Association of New York, published in the *Memphis Journal of the Medical Sciences*, says:

I am quite satisfied that, if compression fails to stop the flowing, there is nothing as handy, certain, and practically without danger, as tamponing the entire uterine cavity and vagina with aseptic gauze, and preferably that containing about ten per cent. of iodoform. This method truly and certainly assists nature, for it helps to coagulate the blood, and if not bringing on contractions, answers the same purpose. You can always have a few yards in your bag, and inasmuch as your hand is already in the uterine cavity to make compression, you can pass up your gauze in one or two long strips with your placenta forceps. You will find that you at once control the bleeding; you have an aseptic canal filled to the vulva with an antiseptic material. I have had occasion to use this method twice during the past three weeks, with a most gratifying result in each case.

After washing the external genitals with soap and a solution of bichloride (1:1000), irrigate the vagina with the same strength solution. See that the bladder is empty. Grasp the cervix with a forceps or with the fingers, draw it well down to the vulva, then pass in your gauze in one long or two shorter strips. The amount of gauze required is surprisingly small.

Advantages.—1. It undoubtedly brings on contraction in the most atonic uterus; if not, what form of compression is so handy and certain? If you use your hand in the uterine cavity, there is no limit to the time it must remain there. You can not leave your patient with safety even after the bleeding is controlled. No man has the lasting strength to keep his hand in the uterine cavity without at times letting up on his grip. Then the patient is not at all comfortable with your hand in her genital tract. If you tampon, you can leave your patient and feel safe until your next visit.

2. It does stop the bleeding at once, whereas with the other methods you experiment with the one styptic that will do it slowly.

3. Again, this method is as safe in the hands of the beginner as in those of the most skillful surgeon. If the young man mistake his case of lacerated cervix for one of post-

partum hemorrhage, is it not better that he tampon and stop the bleeding, and then find his error, rather than do it on the post-mortem table?

As regards carrying infection into the uterus with the gauze, or picking it up in the vagina, I can say but this: that in the hands of the thoroughly aseptic man there is no danger. His gauze is kept in a can and taken from there directly into the uterus. With the man who is reckless it is less dangerous than his badly disinfected hand put into the uterine cavity. As for contaminating the gauze as it passes through the vagina, that objection is *nil*. There is very little infection present after the bichloride douching, and what few germs may enter are killed by the carefully prepared gauze.

It is unnecessary to use anesthesia for this procedure, since it is nearly painless and takes but a few moments. To conclude:

1. We have the tampon, in the hands of the careful practitioner a certain measure and without danger.

2. We have, in packing the vagina, a means at the same time to stop the bleeding from a badly torn cervix.

3. We have this method calling for much less care in diagnosing the exact state of affairs.

4. You can leave your patient with safety and remove the gauze in twenty to twenty-four hours. At the end of this time your patient has had a good sleep and the uterine fibres are well able to take further charge of the case.

Ventro-Fixation of the Uterus in Prolapsus Uteri.

At the gynecological meeting Braun-Fernwald introduced a discussion on this subject by referring to the history of the operation. He said Olshausen in 1886 had recommended a vaginal plastic operation, but it was not successful. Dumoret, in Paris, 1889, recommended this operation for anteversion of the uterus. After this time we find the name of the operation modified by Trelat, who preferred to call it "hysteropexy." Within the last ten years there are only eleven cases where this operation seems to have been performed for prolapsus uteri, according to medical literature, two unsuccessful, one died, and eight gave a very good result, recorded by Prof. Muller in 1879, Kuhn 1881, Olshausen 1886, Philipps, Terrier, Rubeska, Tuffler, Lamwers 1881, Polailon 1889.

He then discussed the different methods of doing the operation. Olshausen fastened both horns of the uterus to the walls of the abdomen, avoiding the wounding of the *arteria epigastrica*. Saenger fastens the adnexa of the uterus (round and broad ligaments). Leopold at the insertion of the round ligament to the uterus inserts a suture which he carries right through the whole thickness of the abdominal wall, and fastens it outside, while three transverse stitches through the uterus fix the organ; Czerny has a similar method, but prefers two transverse stitches. Terrier applied a fine needle superficially through the fundus uteri, to which were applied fine silk thread, whereby the fundus could be drawn upwards, and catgut sutures through uterus and part of abdominal wall for fixtures. Phillippe first tied all the adnexa, and then sewed the uterus to the abdominal walls.

Braun-Fernwald said that in all his experience he never met with a case where such heroic means were necessary for prolapsus or retroflexia uteri correction, as he found Hegar-Kaltenbach's method of marginal sutures in the vaginal portion sufficient, unless one case where he had total extirpation of the uterus to perform.

He was in favor of ventro fixation as a permanent cure if performed according to the present improved methods in surgery, as he believed Muller and Olshausen's unsuccessful cases were owing to this defect.

Prof. Chrobak said there was a decided difference to be drawn between the "ventro-fixation" and the "stump-fixing" operations. The first operation he had never performed himself, while stump operation was nothing more than a tension of the left broad ligament and a drawing of the uterus toward the wound. He had been opposed to the ventro-fixation operation until Freund brought forward his sacro-fixation operation.

Prof. Hofmolki thinks there is a close resemblance between ventro-fixation and the treatment of free hernia. The recent application of the silver stitches were commendable in the operation, and would induce him to try it if occasion arose.

Prof. F. V. Rokitsansky operated on a woman, aged seventy years, for an ovarian cyst with prolapsus of the uterus. He then applied Spencer Wells's clamp. It is now ten years ago, and six months ago the uterus was found fixed in the place where it was left.—*London Med. Press; Arch. of Gynecology.*

Materia Medica and Therapeutics.

BY S. E. EARP, M. D.

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How to Use Hot Fomentations.

The usual methods adopted for the use of poultices and hot fomentations in general are frequently objectionable, from the fact that heat is retained but a short time, necessitating a change at short intervals, exposing the patient to the sudden fall of the surface temperature. This is oftentimes a direct detriment to the patient; furthermore, at about the time the patient may be passing into a quiet repose, the fomentations have become cold and require a change, therefore the patient is disturbed again. A method which I have found obviated these difficulties is to place a rubber hot-water bag, filled with hot water, on top of the moist cloths or poultice, and the heat and moisture is retained much longer than by any other method.

Tincture of Aconite.

The tincture of aconite is efficient and positive in its action, and requires caution in its administration. It is too frequently condemned from the fact that it is not properly used, therefore giving uncertain results. Aconite should be administered in small doses, often repeated, carefully watching the action of all the organs over which it has a direct influence. If the minute doses at long intervals is the method, so that it may be intrusted to inexperienced persons, no good can be expected.

Aristol as a Substitute for Iodoform.

Dr. T. N. McLaughlin, in a paper read before the Medical Society of the District of Columbia (*Virginia Medical Monthly*), thus summarizes his study of aristol as a substitute for iodoform:

1. The drug is free from objectionable odor.
2. When used over large surfaces, you obtain all its medicinal effects without any toxic effect. It is not absorbed.
3. It possesses stimulating, alterative and

anesthetic properties; the latter effect less marked than that obtained from iodoform.

4. It does not produce any discoloration of the skin.

5. On account of its dark color, you can readily observe how far the powder has been used on a diseased surface.

6. It is not irritating, and its use is not contra-indicated in the treatment of facial eruptions, as chrysarobin and pyrogallie acid.

7. It appears to possess the necessary properties to make it an efficient substitute for iodoform.

Subcutaneous Injection of Water and its Therapeutic Uses.

Prof. Sahli, of Berne (*British Med. Jour.*) has just published a paper in which he forcibly draws attention to a simple method of rapid and safe introduction of large quantities of water into the system. The method consists in the subcutaneous injection of a sterilized blood-warm physiological saline solution (that is, a 0.73 per cent. solution of chloride of sodium) by means of a large Erlenmeyer's flask, with an elastic tube and a hollow needle as thick as a knitting-needle. As much as one litre of the solution can be easily injected in from five to fifteen minutes. If necessary, the procedure may be safely repeated four or five times a day. The best situation for the injection is the anterior abdominal wall. On such occasion the skin should previously be thoroughly washed with soap and corrosive sublimate, and the puncture subsequently sealed with aseptic cotton wool and collodion. Under such precautions not the slightest signs of any local reaction are ever observed. In some patients, especially in those with flabby abdominal integuments, the procedure causes but trifling pain; in very sensitive or restless persons, however, general anesthesia is advisable. The effects of the injections are thought to be as follows:

1. Under certain conditions they thoroughly wash out the patient's system by inducing profuse diuresis accompanied by a strikingly increased elimination of solid constituents of the urine.

2. They dilute the body juices and poisonous substances present therein.

3. They furnish the necessary water supply to dehydrated tissues.

4. They aid the filling up of blood vessels, and raise an unduly lowered arterial tension.

Such subcutaneous injection of water is indicated:

1. In cases of uremia complicating the course of either acute or chronic nephritis, where the injection of a litre of the solution once or twice daily is, as a rule, rapidly followed by a striking abatement of all symptoms. The best results, however, are frequently obtained when the injections are combined with the internal administration of digitalis.

2. In the typhoid state, where frequently even after the very first injection delirium ceases, the pulse becomes stronger and fuller, the tongue moister, etc.

3. In Asiatic cholera, cholera nostras, infantile diarrhea.

4. In poisoning by any toxic substances, but especially by those which are liable to be eliminated from the organism through the kidneys.

5. In cases where an internal use of water should be avoided (in order to secure physiological rest of the gastro-intestinal tract) for instance, in cases of perforation of the stomach or bowel, peritonitis, ileus, etc.

6. In acute anemia from hemorrhage.

The method is contra-indicated (1) in cases of incipient or expected pulmonary edema; and (2) in the presence of severe dropsy.—*Cincinnati Lancet and Clinic*.

The Action of Cod-Liver Oil.

Drs. Gautier and Mourgues, in a recent communication to the Academy of Sciences, discuss at some length the reasons why cod-liver oil is superior to other fats as a therapeutical agent, and arrive at the following conclusions:

1. It is more easily assimilated, owing to its containing free fatty acids and some biliary matters which render its emulsion specially easy when it comes in contact with the pancreatic juice.

2. It is rich in phosphates, phosphoric acid, lecithin, and phosphorus in organic combination; the phosphorus, especially in the last-mentioned form, is very readily assimilated to form protoplasm, and thus nutrition is very greatly stimulated. The small amounts of bromine and iodine being also present as organic compounds exercise a beneficial effect on the general metabolism.

3. The alkaloids present—butylamine, amylamine, morrhaine—and morrhic acid stimulate the nervous system, increase the amount of sweat and urine, and act as nerve tonics.—*British Med. Journal*.

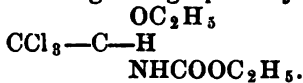
[Dietetic Gazette, July, 1890.]

Notes Upon Somnal, the New Hypnotic.

BY FRANK WOODBURY, A. M., M. D.

Fellow of the College of Physicians of Philadelphia; Hon.
Professor of Clinical Medicine in the Medico-
Surgical College, etc.

Last fall Radlauer,* of Berlin, brought to the notice of the medical profession a new compound to which he gave the name of Somnal, in acknowledgment of the remarkable hypnotic properties it appeared to possess. It was formed by the union of chloral, alcohol and urethane, according to the original notice,† but is not a simple mixture of these bodies. It differs from chloral-urethane by the addition of C_2H_4 , its formula being $C_7H_{13}Cl_3O_3N$. The method of manufacture is by direct combination of chloral alcoholate and urethane in a vacuum apparatus, according to its discoverer, who states‡ that its composition might be graphically represented thus:



Specimens of this new hypnotic having, through the courtesy of Messrs. Eisner & Mendelson Co., been placed in my hands for examination and trial, I will here very briefly communicate some of the results thus far obtained, reserving my final judgment upon the drug until experience has been more extended.

Physical Characters.—Somnal is a colorless liquid, resembling chloroform in its appearance and behavior when added to cold water, in which it forms globules and refuses to mix or dissolve. When shaken with water, the mixture is milky but quickly separates. It is soluble in hot water and alcoholic solutions, and dissolves resinous substances and fats. The odor is faint, not very penetrating or disagreeable, and resembles that of the spirits of nitrous ether, or recrystallized chloral. The taste is very pungent; and for administration it needs free dilution. It may be given with whisky or solution of tincture of zingiber or syrup of licorice. Somnal is inflammable, burning with an alcoholic flame; it does not evaporate quickly, and leaves a greasy stain upon blotting paper. Specific gravity greater than water; reddens litmus paper slightly.

Physiological Effects.—In its action it resembles chloral in quickness of effect and

naturalness of sleep produced. No marked depressing influence was exerted upon the pulse or respiration rate, though it was noticed that the breathing became slower and the pulse slower and fuller as in natural repose. No disagreeable after effects. The head was clear and the stomach was unaffected; the patients generally had an appetite for breakfast. No constipating effect. The kidneys acted rather more freely than usual. My colleague, Dr. Ernest Laplace, to whom I gave some of the drug for trial at the Philadelphia Hospital, writes as follows:

"I have given somnal a fair trial upon six patients at the Philadelphia Hospital. In no case were the patients told what was given them, so outside of the bare possibility of the patients' falling asleep through natural causes, somnolence was brought on by the drug. It was administered in a solution of tinct. zingiberis, in half-teaspoonful doses, and was found palatable. Administered at 4 P. M., at a moment when patients were not generally asleep, in four cases sleep came on within half an hour, which lasted from five to eight hours; the two other cases showed no effect from the drug. It is their habit to get at least gr. $\frac{1}{4}$ morph. sulph. to put them asleep every night, as they are sufferers from intractable malignant growth. In no case was there any noticeable after effect. I have not formed any opinion upon the length of time that the drug could be used daily upon the same patient. To this I might add that no depression of the normal temperature was noticed in any case in my hands, and thus far I have not used it in pyrexia."

Therapeutic Application.—The effects of somnal in producing natural sleep suggested its use in insomnia. The first case in which I used it was in a patient suffering with acute alcoholism, who had been under treatment for a fortnight in an institution where he had a free supply of liquor, and he came out rather worse than he went in. He was thirty-nine years of age, very tremulous, and could not sleep, or if he dozed off would immediately waken up. I gave him, at about 3 P. M., thirty minims of somnal (or rather a drachm of a mixture of equal parts of somnal and whisky), well diluted, and went into an adjoining room to speak to an attendant. On my return I was surprised to find him fast asleep, although I had not been away from him more than fifteen minutes. He slept for four hours, and then was able to take something to eat. At ten o'clock he had another

* Zeitschrift des Apothekers-Vereins, Nov., 1889.

† Journal de Médecine, Oct. 20, 1889.

‡ Pharmaceutical Jour. and Transactions, Nov., 1889.

dose and he slept until seven the next morning, having waken up once only during the night and insisted upon having another dose, and immediately after taking it he fell asleep again. The next night he was given a double dose at 10 P. M., and he slept all night without wakening. No bad effects were observed. The somnal was given for four nights, when he was so nearly well that it was suspended, as he had had good natural sleep at night and seemed quite restored. Alcohol was positively prohibited, the only substitute allowed being Elixir of Coca and Camellia (P. D. & Co.), in tablespoonful doses, in which it is true there was a small amount of alcohol, which was quite infinitesimal when compared with what he had been using. Somnal, therefore, acts well as a hypnotic in acute alcoholism as a tranquilizer and hypnotic.

In a case of neuralgia of the bowels (visceral neurosis of Allbutt), where the patient had a sleepless night, a dose of twenty minims relieved nausea and pain, and the patient fell asleep.

In syphilitic headache and insomnia, somnal in moderate doses failed to produce sleep, which was afterwards secured by potassium bromide and iodide, and antipyrine.

In cases of insomnia, fretfulness and restlessness in young children, somnal with mint water and syrup offers better results than opiates, and is much safer. The same remark probably applies to the use of somnal in acute pneumonia, but I have not been able to confirm this yet by actual trial.

Without further going into detail it may be stated in conclusion that somnal acts as a hypnotic, but instead of depressing the system as chloral does, it slightly stimulates the gastric mucous membrane, relieves nausea and pain, improves the appetite, increases secretion (probably), does not cause constipation. The circulation, respiration and temperature are not notably depressed after its administration. No disagreeable after-effects have been observed. As it is rapidly eliminated from the body it may be administered each night for a number of days without any obvious ill-effects. It acts very much like chloral, but is more pleasant to take and not so depressing in its effects upon the nervous system and the circulation.

A case of poisoning by morphia is reported in detail by Dr. A. T. Spear, in the *New York Medical Journal*, in which nitro-glycerin was successfully used as an antidote.

Atropine as an Antidote to Cyanide of Potassium.

A case is reported in the *Deutsche Med. Zeitung* of a man who swallowed with suicidal intent a quantity of cyanide of potassium together with a solution of atropine. He was taken to the hospital, but received no special treatment, and was perfectly well the following day.—*Med. Record*.

Menthol has been recommended in the treatment of obstinate vomiting of pregnancy. One part of menthol should be dissolved in twenty parts of alcohol and thirty parts of simple syrup, a teaspoonful being given every hour. This prescription is claimed to be successful in arresting nausea and vomiting.—*Amer. Prac. and News*.

The following method for local anesthesia is recommended by Dr. A. Dobisch: The parts are to be sprayed for one minute with chloroform, 10.00; ether, 15.00; menthol, 1.00.

Proceedings of Societies.

Marion County Medical Society.

At the regular weekly meeting of the Society, Tuesday evening, November 11th, Dr. C. W. Frink read a paper on "The Therapeutic Uses of Hot Water." He said, in substance, as follows:

The application to living tissue of a temperature above its own, and yet below that which would produce active chemical change, is followed by relaxation of that tissue.

The application may be general or local, external or internal, yet this primary and direct effect always attends it, and is at the bottom of most of the ultimate effects accomplished. Diverse and even opposite results may be attained, and this versatility in the action of heat makes it one of the most universally useful therapeutic agents at our command. Let heat be applied to the whole body as by the giving of a hot bath, and the general relaxation produces well defined results. First, the tension of the skin is lessened and perspiration is increased. Muscular tissue is relaxed, both that entering into the formation of the walls of the blood vessels, and that through which the vessels ramify; the caliber of the blood vessels is thus allowed to increase, the force behind the volume of blood remaining the same. But with the lessened resistance to its force,

the heart's rapidity of motion increases, and its action is correspondingly feebler. The combined result of the increased amount of blood in the capillary system and the diminished power of the heart's action is a slower passage of the blood, and the rate of oxydation being diminished, a condition more or less approximating to syncope is produced.

In looking at a few of the many uses to which hot water may be applied in medicine, we are simply studying one method of applying heat to the body. Water is a vehicle in which we can conveniently administer caloric. By means of water heat can be applied externally; it can be swallowed if need be, and it can be forced into the various cavities of the body.

Internally the mouth and stomach, the bowels as reached per rectum, the urethra and bladder, the vagina and uterus, offer fields for its successful application.

The external uses are hot baths, general and local, fomentations, surgical irrigations, are subjects offered for consideration.

The popular custom of drinking hot water for all classes of dyspepsia, is useful in many cases. A cup of hot water, especially in the morning, is useful in dissolving and washing out the mucus which too often lines the stomach walls, and of preparing the stomach for the active work of digestion by inducing a more copious flow of blood to its vessels. Drinking hot water with meals is a useful custom, substituting a harmless drink for the perhaps too stimulating tea or coffee.

The solvent properties of hot water are greater than those of cold or warm water, and hence it is more useful in washing out the stomach to remove poisons or irritants, or in the treatment of gastric ulcer.

In fecal impactions and in intussusception are the chief indications furnished by the bowels for the internal use of hot water. In these troubles the relaxing effects of the enemata are of special utility.

There is a universal recognition of the virtue of hot water in the treatment of the genito-urinary apparatus. General relaxation is enervating—the heart's action is weakened, and the blood flows sluggishly. But when the application is sufficiently limited to avoid a sensible reduction of the force of the circulation, the admission to any given part of an increased amount of blood by the dilatation of the local vessels is necessarily a stimulation of that part.

Inflammations in and around the fundus

uteri, in the ovaries or cellular tissue, as well as affections of the cervix and vaginal mucous membrane, are all susceptible to the benefits of heat thus applied. Sitz baths, or hot fomentations over the lower abdomen and over the vulva, are very valuable.

As a measure of hygiene, no woman should fail to use hot vaginal douches of several minutes' duration, daily if possible.

Concerning the use of hot water during pregnancy, there is a divergence of opinion. In my opinion abortion will not be caused by the use of hot water injections, if the patient have habitually used it. I maintain that hot water producing a full flow of blood to the parts, in general promotes functional activity. Shock will not be produced in those habituated to the use of the hot injections. Hot injections will expedite and facilitate labor. The use of vaginal or rectal injections, or the application of heat by fomentations or sitz baths, favor relaxation and dilatation of the cervix and stimulate the reflex nervous influences, producing contractions. After labor, hot irrigation promotes tonic contraction of the uterus, and favors involution of that organ. They remove clots, the lochial discharge, and prevent fetor, and they may be made the vehicle for antiseptics.

In inflammations of the urethra in the female, specific or non-specific, a soothing and beneficial effect can be obtained from hot water internally; its chief usefulness, however, is as an adjunct to other treatment.

In cystitis, results distinctly beneficial follow the use of hot fomentations or the application of the hot-water bag.

Of the external uses of hot water little will be said. As to hot baths, chief interest attaches to them, from a therapeutic point of view, when locally applied.

In infantile convulsions, in eclampsia, in the initiatory stage of chest troubles, immersion of the lower extremities in hot water, or the application of cloths wrung out of hot water, are highly useful as revulsives.

The sitz bath is very useful in dysmenorrhea, in slow first stage of labor, in relaxing the perineum, in cystitis. Hot fomentations have a wide field of usefulness.

Hot water is useful to the surgeon as a hemostatic, cleaning the field of operation, and limiting oozing of blood. Flushing the abdominal cavity with hot water before closing the incision in laparotomy, assures cleanliness, and exerts a reviving and stimulating effect upon the patient.

Reviews and Book Notices.

Cyclopedia of the Diseases of Children—Medical and Surgical. Edited by John M. Keating, M. D. Vol. III. Illustrated Philadelphia: J. B. Lippincott Co. 1890.

We have had the pleasure of reviewing the first and second volumes of this magnificent work, and the high opinion expressed of its merits as a practical and exhaustive treatise upon the diseases of children receives additional confirmation in third volume.

The volume is divided into four parts, viz: 1. Diseases of the Digestive System; 2. Diseases of the Genito-Urinary Organs; 3. Surgery; 4. Diseases of the Osseous System and the Joints.

Under part first is included—Functional Disorders of the Stomach, the Diarrheal Diseases, Acute and Chronic; Membranous Enteritis, Intestinal Bacteria of Children, Acute and Chronic Constipation, Tabes Mesenterica, Hernia in Children, Intestinal Obstruction in Children, Peritonitis, Perityphlitis, Paratyphlitis, Perityphlitic Abscess, Congenital Abnormalities of the Intestine, Injuries and Diseases of the Rectum and Anus, Colotomy, Diseases of the Pancreas and their Operative Treatment, Functional Disorders of the Liver, Jaundice and Diseases of the Ducts and Portal Vein, Enlargements of the Liver and Contractions of the Liver.

The second part includes Anomalies of the Kidney, Albuminuria in Children, Acute and Chronic Bright's Disease, Surgical Diseases of the Kidney, Incontinence of Urine, Vesical, Urethral and Preputial Calculi, Malformations of the Penis, Urethra and Bladder, Diseases of the Bladder, Diseases of the Umbilicus, Diseases of the Testes and Penis, Diseases of the Uterus, Vagina and Vulva, Diseases of the Ovaries and Tubes, Abnormalities of the Female Genital Organs and Mammary Glands, Diseases of the Blood and Blood-Making Apparatus.

Part third includes Minor Surgery and Emergencies in Children, Plastic Surgery, Wounds, Anesthetics and Anesthesia.

Part fourth includes Congenital Abnormalities of the Extremities, Congenital Dislocations, Club Foot, Torticollis, Acute Inflammation of Bone, Lateral and Functional Curvatures of the Spine, Pott's Disease, Fractures and Dislocations, Synovitis-Arthro-Meningitis, Diseases of the Major Articulations, Ankylosis, Deformities of Bone, Mechanical Treatment of Deformities, of Infantile Paralysis and Amputations.

Among the eminent contributors to the volume are the following: Drs. Wm. Pepper, L. Emmett Holt, A. Jacobi, Christian Fenger, W. W. Keen, John H. Packard, James Tyson, N. Senn, A. Vander Veer, John M. Keating, Howard A. Kelly, William MacEwen, R. A. Kinloch, and William B. Hopkins.

The book contains 1371 pages, and is profusely illustrated.

Bacteriological Technology—for Physicians. With 72 Figures in the Text. By Dr. C. J. Salomonsen. Translated from the second revised Danish edition, by Wm. Trelease. New York: Wm. Wood & Co. 1890.

This book is probably the best work extant in English covering the ground of the title. Much of the apparatus described is such as can be made by the physician, and the simplest methods are clearly and fully given. It covers practically the whole field of bacteriological technology, cultures, examinations, inoculations, air and water analysis, etc., but does not discuss the relation of individual bacterial forms to disease. It has already been published in Wood's Monographs during 1889.

T. P.

Annual of the Universal Medical Sciences—A Yearly Report of the Progress of the General Sanitary Sciences throughout the World. Edited by Chas. E. Sajous, M. D., and seventy Associate Editors, assisted by over two hundred Corresponding Editors, Collaborators and Correspondents. Vol. V. 1890. Published by F. A. Davis, Philadelphia, New York, Chicago and Atlanta. Five volumes, \$3.00 a volume.

The members of the profession throughout the world are under renewed obligations to

the editor, collaborators and publisher of the Annual of the Universal Medical Sciences. The five volumes for 1890, notwithstanding the serious illness of one-half the editorial staff of influenza or "grip," which prevailed at the time the several sections were written, made their appearance only twenty days behind time. We have had occasion to speak in the highest terms of the "Annals" that preceded the one for 1890, and we can not speak too highly of the last five volumes. We are pleased that the editor has retained all the improvements introduced into the issue of 1880. The Annual is a marvel of painstaking industry and laborious research.

Essentials of the Diseases of Children—Arranged in the Form of Questions and Answers; prepared especially for Students of Medicine. By William M. Powell, M. D., Physician to the Clinic for Diseases of Children in the Hospital of the University of Pennsylvania, etc. 12mo., cloth, 222 pp.; \$1.00. Philadelphia: W. B. Saunders.

The author dedicates this work to Louis Starr, M. D., to whom he is assistant. Dr. Powell states in his preface that the subject-matter has been chiefly drawn from the works of Eustace Smith, of London; J. Lewis Smith, of New York; Edward Ellis, of New Zealand; J. E. Goodhart's American Edition, by Louis Starr, of Philadelphia; Diseases of the Digestive Organs, by Louis Starr; and Meigs and Pepper's Diseases of Children.

These sources are certainly authoritative. The printing and binding are excellent.

Wood's Medical and Surgical Monographs. Published monthly, \$10.00 a year; single copies, \$1.00. Wm. Wood & Co., New York.

The September number of this excellent series of Monographs is devoted to Insomnia and its Therapeutics, by A. W. McFarland, M. D., Fellow of the Royal College of Physicians, Edinburgh, etc. In the first chapter the author treats at length of the physiology of sleep. Six chapters are devoted to insomnia depending upon affections of the nervous system. Other chapters treat of insomnia

depending on affections of the alimentary canal, affections of the liver, of the circulatory system, respiratory system, febrile and general diseases, affections of the urinary system, and insomnia peculiar to females, etc.

It closes with an index to Vol. VII, which will be very convenient to those who have been so fortunate as to secure the full set.

The October number contains a valuable table of contents. A beautiful article is the first, by Watson Cheyne, on Suppuration and Septic Diseases. In The Nasal Neuroses, Granville Macdonald takes a very conservative position as compared with many recent writers and the average medical society nose specialist. He is, perhaps, overly skeptical. Artificial Respiration, by B. W. Richardson, is short, pointed and, as everything he writes, good. Dr. Auvar writes an illustrated article upon the New-Born Infant—Its Physiology, Hygiene and Nourishment. There is an extensive Pharmacopœia for Diseases of the Skin, by James Startin; and The Urine in Neurotic Diseases, by Alexander Peyer.

Essentials of the Practice of Medicine—Arranged in the Form of Questions and Answers; prepared especially for Students of Medicine. By Henry Morris, M. D., late Demonstrator Jefferson Medical College, Philadelphia; Visiting Physician to St. Joseph's Hospital, etc., etc. With a complete Appendix, on the Examination of Urine, by Lawrence Wolf, M. D., Demonstrator of Chemistry in the Jefferson Medical College. 12mo., cloth, 368 and 66 pages; price, \$2.00. Philadelphia: W. B. Saunders.

The author has succeeded admirably in condensing a vast deal of essential knowledge into a very small space. The mechanical work is up to the high standard of the well known publisher. Students will find the book an excellent remembrancer.

The Medical Bulletin Visiting List. Published by F. A. Davis, Philadelphia.

No. 1 style of this convenient List provides space for the daily record of seventy names each month. This is one of the most conve-

nient Visiting Lists published. It is handsomely bound in leather with flap, including a pocket for loose memoranda, compact and convenient for carrying in the pocket, and is finished in three styles—No. 1, \$1.25; No. 2, \$1.50; No. 3, \$1.25.

Special Notices.

The Indiana Medical Journal for 1890.

JOURNAL, one year, \$1.00; JOURNAL and an excellent Clinical Thermometer, \$2.00.

JOURNAL, one year, and the Lutz Hypodermic Syringe, \$2.50.

JOURNAL, one year, and Hypodermic Syringe and Thermometer, \$4.00.

Any paid-up subscriber is entitled at any time to a thermometer by remitting \$1.00, or a syringe by remitting \$1.50.

If twenty-five cents extra is sent with the order, I will be responsible for the safe delivery of the instruments.

Remit by postal note, post-office order, or express order. Do not send local checks.

Address, DR. FRANK C. FERGUSON,
19 West Ohio Street, Indianapolis.

The Century Magazine.

The attention of the readers of the JOURNAL is directed to the advertisement of this superb work in another column. To praise it would be superfluous—would be like gilding refined gold. Its rating is secure. In the estimation of all competent critics, it easily stands at the head of its class—the greatest triumph of lexicographic science and typographic art that the world can show. The fourth volume, carrying the vocabulary through P, was issued November 1st ult. The entire work will be comprised in about seven thousand quarto pages, the dimensions of the page being thirteen by ten inches.

Inflammation of External Auditory Canal.

In a paper read before the Cincinnati Medical Society, Sept. 22, 1890, Dr. W. R. Amick says:—As already stated, I have used the Campho-Phenique in a number of cases of inflammation of the external auditory canal, both circumscribed and diffuse, and, in addition to its allaying the irritation and inflammatory symptoms, it has one especial point in its favor, which is valuable even if it did not allay the inflammation, *i. e.*, its analgesic

properties. It is the best remedy to allay pain in inflammatory conditions of the external auditory canal with which I am acquainted at the present time.

Pure Volatile Eucalypti Extract (Eucalyptol).—It is not generally known that there exists only one firm—Sander & Sons, Sandhurst, Australia—that is manufacturing the pure Volatile Eucalypti Extract (Eucalyptol). To produce the genuine article, green leaves, three years old and complete in foundation, are required. (See *Das Eucalyptus*, Professor Hugo Schultz, Bonn.) Sander & Sons is the only firm which own factories for that purpose in Australia. Samples gratis through Dr. Sander, Dillon, Iowa. Mayer Bros. Drug Co., St. Louis, Mo., sole agents.

Epilepsy.

Dr. J. McBrowder, Montezuma, O., writes: In a case of epilepsy of several years' standing, I am happy to say that Peacock's Bromides did the work well; also prescribed it in cases of nervousness and headaches, and was successful in relieving both. In eighteen years' practice I have not had such satisfactory results as from Peacock's Bromides.

Mr. Stanley's recent Emin expedition was equipped entirely with Fairchild's Digestive Ferments, in preference to any others; and in the recent attack of gastritis from which Mr. Stanley suffered he was entirely sustained upon foods previously digested with Fairchild's Extractum Pancreatis.

Dr. L. Von Buescher, Brooklyn, N. Y., says: Your Ponca Compound has given excellent results in four cases of serious menstrual troubles, that I shall always prescribe it in the future for complaints of that character.

The Phosphates of Iron, Soda, Lime and Potash, dissolved in an excess of Phosphoric Acid, is a valuable combination to prescribe in nervous exhaustion, general debility, etc. Robinson's Phosphoric Elixir is an elegant solution of these chemicals. (See advertisement in this number.)

In Sore Mouths of Nursing Women.

R. Katharmon.....f. oz. ii.
Glycerin.....f. dr. ii.
Aque menth. pip.....f. oz. ii. M.

Sig.—Use as a mouth wash two or three times a day.

THE Indiana Medical Journal.

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No. 7*

Original Communications.

CERTAINTY IN THE DIAGNOSIS OF TUBERCULOSIS.*

BY THEODORE POTTER, A. M., M. D., INDIANAPOLIS.

Lecturer and Demonstrator in Bacteriology, Medical
College of Indiana.

There is probably no important chronic disease in regard to which we are more frequently called upon to express an opinion than tuberculosis. There is no important disease in which our opinions are more closely scrutinized at the time and more subject to subsequent criticism, than this unfortunately frequent malady. Furthermore, there is probably no common and serious disease in which early and accurate diagnosis, and positive, unwavering opinion, are of greater moment. That this is true, follows not simply from those principles which are of general application in the field of practical medicine, but is based upon special and almost peculiar reasons. For we recognize several facts of great practical import in connection with pulmonary tuberculosis, which facts we must keep constantly in mind if we are to do skilled work and gain the best results.

Whatever our hopes for the future, whatever expectations have been aroused by the increased knowledge of recent years and by the encouraging work done in neighboring fields, tuberculosis is a disease for which there is to-day no specific, no cure in the ordinary sense of the term. It is a disease characterized by destruction of tissue in a vital organ; which tissue, once destroyed, can never be renewed.

The primary and secondary lesions and disorders which attend its course, do, in a

distinct and almost specific way, progressively interfere with many of those measures of treatment which, as yet, occupy the chief position. A vicious circle is established, beginning in the lungs, including the organs of nutrition and the controlling nervous system, ending again in the lungs; and just in the pathway of this vicious circle lie the lines along which the treatment must for the most part be directed. The earlier begun, the clearer, therefore, will be the road to success.

While we to-day classify tuberculosis as a specific, infectious, local disease, we believe that it may grow and flourish upon other than purely specific and local grounds; that there may be predisposing elements, recognizable and obscure, partly local and partly systemic, the consideration of which is of great importance in treatment.

Tuberculosis, moreover, is a disease which, once well under headway, is not in any marked degree, as compared with many other infections, self-limited. Self limitation is an uncertain staff upon which to lean. We can not deserve the name of workers, nor really win battles nor advance to higher fields, nor even preserve our self-respect, by supinely resting upon such support and awaiting a possible victory. And yet we deal with a disease which has from time immemorial been notorious for that peculiar delusion of hope, both early and late, about which has gathered so much, as I believe rather useless because wrongly aimed, speculation. This delusion allowed to go on uncontrolled or misdirected, may be, often is the foundation for fatal procrastination, that worst of all time-thieves. "It is not consumption, it is something different and simpler; the doctor did not say positively it was consumption; it will pass away:"—and the hours are flying; hours, perhaps leaded with a weight which draws inevitably toward death, but

* A paper, with some additions, read at the meeting of the Mississippi Valley Medical Association, Louisville, Ky., October 9, 1890.

which may be golden. There may be theological and even medical warrant for the saying of the laureate:

"There is more truth in honest doubt, believe me, than in half the creeds."

But, mark you, the truth is not in the doubt, but in the throwing aside of error, the clearing of the vision, the renewal of activity, with the establishment of newer, stronger, better convictions resulting from the stimulus of the skepticism. He who hesitates too long is too late.

Finally, I believe tuberculosis is not a necessarily fatal disease. There are early cases in which there is, even though we may not know it, a tendency to self-limitation, which tendency is of immense importance, and of which every advantage should be taken. There are many cases which are brought to a practical stand-still for years. There are, I believe, genuine cures. We should not ourselves despair, nor should we allow our patients to despair of benefit or even recovery in proven cases of tuberculosis, provided they are recognized and surrendered for treatment reasonably early. Yet the legitimate physician wisely promises no cures; he offers no unwarranted allurements of a wonderful or mysterious system of medication which shall do marvels. Such ignorance or charlatanism is beneath contempt.

If now these things are true, as I believe they are, they furnish the basis for the universal professional conviction that the greatest success with this disease depends in an almost peculiar way upon early and persistent, I had almost said doggedly persistent, treatment. The man who takes a strong hold upon his cases at the start, and retains it to the end, will save the largest number of lives.

But how shall this be attained? The reply suggests itself; it is by clear, unquestioning and unquestionable diagnosis, by positive knowledge, by certainty of that with which we have to deal. And this is the object of my paper, to urge again the importance of certainty in the diagnosis of tuberculosis, and to insist upon the possibility of attaining it in a very large proportion of the cases.

We can not but admire the achievements of that great line of workers from Laennec to Flint, whose labors, chiefly, have given us our knowledge of pulmonary diseases. With what painstaking patience they have cut out the pathological foundation stones. With what clinical acumen they have searched out

and given us the signs and symptoms upon which we may rely. How close to the limit they pushed many of their inquiries. And yet how far they have left us from that certainty of knowledge which gives assurance and boldness to action, is part of the experience of every physician.

It is easy enough to make a diagnosis in advanced tuberculosis, with the lesions and signs and symptoms presenting a typical picture. But even here there is the possibility of an occasional startling, and perhaps unfortunate error, of which I shall give an illustration. It is easy enough to find ground for suspicion, for strong suspicion of tuberculosis in its earlier stages. Yet how often we must be content with mere suspicion, how often and how long we remain in the attitude of suspicion, every one knows.

True, we are sure something is wrong, and are very often correct in the surmise of its character. But it remains a surmise, lacking certainty, lacking that knowledge which, in dealing with disease as well as in dealing with patients, is the first and best element of legitimate power.

There is one absolute sign of tuberculosis—the recognition of its germ.

Upon the examination for the tubercle bacillus I shall say but a word. The Ziehl carbol-fuchsin rapid method with heat I have found satisfactory in most cases, reserving for those of difficulty and importance the more elaborate and therefore more tedious and difficult procedures. A good one fifth inch objective and medium or high eye-piece may be used by a skilled worker with very fair success. For expert work higher dry or immersion objectives with good illumination are necessary. When there is doubt, and yet a positive result is important, one failure should not end the search; it should be repeated several times with carefully collected and selected material. After a number of years' experience I have changed my opinion somewhat as to the skill necessary for this diagnostic examination. Its adoption and practice by the profession has been urged on the ground that it was comparatively easy, and so it is in many cases. But there is a considerable proportion, including just those in which it is of greatest moment, which require thorough knowledge and the judgment and skill coming only from carefully studied experience. Either this must be acquired or such cases must be submitted to an expert. They should not be neglected, for these are

often the ones of which it may be said—to-day is their day of salvation.

On the other hand, the negative evidence is of almost equal importance. It is, indeed, not only valuable to the patient, but of the greatest comfort to both patient and physician, to be able to give assurance that the pulmonary disorder is not tuberculous. Few things in my own professional experience have given me greater satisfaction than this. A negative opinion, however, can only be reliable when based upon a painstaking and exacting application of the test. It is an unfortunate thing to assure a patient that he has not tuberculosis, only to find, after the inroads have become deeper, that the disease was there, or to have some one more skillful reverse the diagnosis. I would like here to lay some stress upon the value of this negative evidence as taught by an increasing experience, and by the protracted observation of cases under question, and to record a cheering opinion that the examination for the tubercle bacillus affords, to use a legal expression, not only positiveness of conviction but of acquittal also. I would not, however, exaggerate the difficulties or requirements; for I know of no reason why any intelligent physician may not, with a reasonable amount of labor and a good instrumental equipment, acquire the requisite proficiency. Exceptionally cultivation or inoculation experiments may clear up otherwise uncertain cases, especially of extra-pulmonary lesions.

In this connection, I would say a word of warning. Let it be remembered that the detection of the tubercle bacilli in the sputum proves but one thing, that the disease is present. It does not tell whether its seat is the larynx or the lungs, whether in one lung or both, in the apex or elsewhere, whether extensive or limited. It is a great aid, it is the one thing needful to certainty, but it is not everything. It would, therefore, be foolish to do such a thing as to rest the clinical diagnosis upon this one sign. For we have not only the disease but the lungs to treat, and not only the lungs but the patient. Such negligence would be comparable to that which rests upon the diagnosis of Bright's disease, without an investigation of the digestive and nervous systems and the heart. The etiological and pathological elements being known, the remaining and most important part of the diagnosis should be *physical*, and that in the broadest sense. Here, then, comes into use that splendid fund of

practical knowledge representing the accumulation of former years. Did time permit, I should quote what the great clinician Ziemssen has said on this point; but I forbear, and with these words of caution shall surely not be misunderstood.

It may now well be asked whether this great aid to diagnostic certainty is fully appreciated and used by the profession. I do not think it is. With me it has become a routine practice in all suspicious cases of lung trouble, and I could hardly go back to the old standards and work in comfort without it. It is no exaggeration to say that in but few cases is positive diagnosis delayed longer than a week; in most it is but a matter of hours. This I know is the experience of others who have learned its value, as for the first time thoroughly impressed upon me while working in the clinic of Professor A. Fraenkel in Berlin, three years ago. I hope at a later day to record a series of cases from my own experience in illustration of this conviction.

It is true that in many instances the examination for the tubercle bacillus only confirms a suspicion already amounting almost to certainty. But, as stated above, there are occasional almost startling exceptions, of which the following is an example coming under my observation four years ago:

A young man was, at great expense, sent on a journey of two thousand miles for the benefit of climatic treatment, the diagnosis of tuberculosis having been made by a most excellent physician, without however an examination for the bacillus. Growing steadily worse, he returned to die, an apparently typical case of advanced consumption, with hardly a classical symptom wanting. I examined his sputum with, if it may be so expressed, positively negative results so far tuberculosis was concerned. He is long since well, having made a good recovery from the hepatic abscess which had been burrowing through his lungs. I have now records of several almost as striking cases.

But of course such will always be exceptional. It is in the early stages, the confessedly uncertain stages, that the examination is of greatest value. Just here let it be recalled that the progress of the last few years has shown us that many coughs and other respiratory symptoms are not primarily thoracic. The upper air passages must be treated if relief is to come, and often it does come. Failure in clear diagnosis, which

might be avoided by the means under consideration, may not only be to blame for avoidably prolonged suffering, but perhaps lay the foundation for more grave ills. It is in such early or uncertain cases that a means of positive diagnosis has heretofore been lacking, but is now available.

For, when we come to study and analyze the signs upon which our diagnosis is based, we see that no one and no combination of them is absolute. Not the malformation of chest, for that may exist without tuberculosis and tuberculosis without it; not the anemia, emaciation and loss of strength, for these are associated with other diseases; not the digestive disturbance, for this belongs to a host of maladies; not the chills and sweat, for they are but landmarks in the march of a septic foe, whose signal stations are the summits of the fever-curve; not the dyspnea, for like the neuralgic cry for blood, it is but the call of the lungs for air; nor yet the cough, for it is but a reaction to irritation and a protest against obstruction in the channels through which the breath must pass; not the cavity, which only means that a tube has been dilated or much tissue been destroyed; nor, finally, the expectoration, for that is but the product of disturbed secretion and the cleansing flow of foul debris.

And what shall we say of the many lesser signs, the clubbing of the fingers and the line along the gums. They are suggestive, helpful, confirmatory, but they prove nothing.

There is, I say, but one absolute sign of tuberculosis, the presence of the tubercle bacillus of Koch. Without it we can not be sure; with it we may throw doubt away.

Do we practically realize that in a very large proportion of the early, doubtful cases, those cases which are much the most important because they still offer a fair prospect of arrest or cure, all doubt may be removed. That in even such cases it is no longer a matter of suspecting, fearing, being and continuing uncertain; it is simply, I know. This "I know" sanctions and leads to the much needed dictatorship on the part of the physician, furnishing the best warrant for the institution of early, thorough and persistent treatment. For, speaking with authority, are we not in the best position to act with authority also.

The recent revelation by Koch of a new and probably much more successful treatment for tuberculosis, demands consideration so far as it bears upon the subject under dis-

cussion. It is supposed that the new treatment may serve a diagnostic as well as therapeutic purpose. Yet this has already been denied; at least its entire reliability has been called in question, and it must evidently remain, like many other questions connected with the present absorbing topic, a matter for future decision. In the presence of another simpler, more speedy, and usually certain means, it would seem of doubtful propriety to apply such a test in the many individuals who think or imagine they have tuberculosis. And in the immediate future at least, it would probably add in an unfortunate way to an undesirable sensation. The chief diagnostic test, and, should the treatment prove what is hoped, the test of its success, will remain, as before, the presence and persistence of tubercle bacilli in the sputum. And in view of the present prospect, as given by Koch, that at best the treatment will probably prove curative or of great benefit only in comparatively early cases of pulmonary tuberculosis, all that has been said above upon the importance and possibility of early and certain diagnosis remains applicable, and takes on a new meaning.

Koch's latest words upon this part of the subject are as follows: "I would earnestly warn people against conventional and indiscriminate application of the remedy; . . . the most important point to be observed in the new treatment is its early application. The proper subjects for treatment are patients in the initial stage of phthisis, . . . and for this reason it can not be too seriously pointed out that practitioners must in the future be more than ever alive to the importance of diagnosing phthisis in as early a stage as possible."

Reminding us that detection of tubercle bacilli, though it made diagnosis more certain, had been often neglected, he continues: "In the future this must be changed. A doctor who shall neglect to diagnose phthisis in its earliest stage by all methods at command, especially by examining the sputum, will be guilty of the most serious neglect of his patient. . . . Practitioners must make sure of the presence or absence of tuberculosis, and then only will the new therapeutic method become a blessing to suffering humanity, when all cases of tuberculosis are treated in their earliest stage, and we no longer meet with neglected serious cases forming an inextinguishable source of fresh infections."

The cheering confidence of the last state-

ments can not but inspire us with a strong hope that we are in the line of a great discovery, and on the road to a great victory over humanity's deadliest scourge. Already the name and work of Robert Koch, the discoverer, have become imperishable. Shall there still be given him a higher reach of immortality as a conqueror? But whatever the outcome of the new treatment, his diagnostic methods and precepts remain the same.

In conclusion, I quote briefly from some of the clinical masters. Says Struempell:—"The diagnosis of pulmonary tuberculosis has taken on a remarkable certainty through the discovery of the tubercle bacillus, and the rendering possible of its recognition." (Vol. I, p. 344; fourth Germ. edition.) And again:—"Even in beginning cases, in which the other symptoms have not yet clearly developed, the recognition of the bacilli in the sputum is frequently the only differential sign." Finally he says:—"From a diagnostic point of view, the recognition of the bacilli is of the greatest significance; since, by painstaking examination, even in the beginning cases the bacilli may be found at a time when all other symptoms together have not established a certain diagnosis."

From Ziemssen's latest publication on the subject I translate as follows:—"Koch's discovery gave to the diagnostic value of the microscopic examination of the sputum a much sharper meaning. It can to-day be taken as one of the best established diagnostic aphorisms, that when tubercle bacilli are found in the sputum, tuberculosis exists; and conversely, that when pulmonary tuberculosis exists, bacilli appear in the expectoration; and lastly, that in pulmonary affections, in which, in spite of frequent thorough examination, no tubercle bacilli have been found, tuberculosis may be excluded."

Finally, from the untrammelled investigation of Koch's Hygienic Institute, this:—"Nun war es nicht mehr zweifelhaft, was zur Tuberkulose zu rechnen sei, und was nicht. 'Wo sich der Tuberkelbacillus findet, da handelt es sich um Tuberkulose.'"—"Now was it no longer doubtful, what is to be reckoned as tuberculosis and what not. Where the tubercle bacillus is found, there exists tuberculosis."

And as these words came to me from Fraenkel, bringing with them the evidence that another of the great problems of practical medicine had been solved, I could not

and can not but add: Gott sei dank, eine Frage ist nicht mehr fraglich: Thank God, one question is no longer questionable.

REASONS WHY THE MANUFACTURE AND SALE OF DRUGS SHOULD BE REGULATED BY LAW.*

BY H. A. DENSON, M. D., INDIANAPOLIS.

The subject of my paper is so old, and has been the topic of conversation among physicians so long; has been so often discussed in medical societies and medical journals, and at the same time so little action has been taken by those most interested, that I feel somewhat timid in bringing it before this body for consideration.

But it seems to me that the importance of the matter is second to none in the medical world. It covers the whole field; it touches every fireside, every individual, for there comes a time in the life of all when sickness must come; and it is then that the patient expects his physician to stand by him, equipped with the very best of everything necessary. That is neither the time nor the place for seconds or thirds, or drugs of unknown strength.

It is almost universally conceded by the medical profession that the market is full of inferior and adulterated drugs, and that substitution is a common evil, and yet we stand idly by and say and do nothing. No wonder quackery and patent remedies are increasing, when we ourselves do not know half of the time anything about the strength of the drugs with which our prescriptions are filled.

I recently prescribed five grains of pulverized opium in eight powders, and gave one every hour until all were taken, without getting any effect of the drug whatever.

In another case I ordered compound cathartic pills, and three were taken at four one day, and two of them were vomited up at eleven the next day as solid as they were before they were taken. They were probably made before the war, and were kept in stock on account of their cheapness.

It is things like these that drive people to patent nostrums for relief. It is such results that make so many go to the druggists with their small ailments.

Two out of five prescriptions in one week, in which I designated *wine* of pepsin, an acid

* Read before the Marion County Medical Society, October 14, 1890.

liquid pepsin was substituted. I already had too much acid to deal with in these cases, but what was that, or the welfare of my patient, to the man of small conscience and a large rent.

I purchased two ounces of fluid extract of aconite root, and gave it to an old lady to be used as a liniment. I put a poison label on it, but notwithstanding this a grown daughter gave her a teaspoonful of it a few days later, in mistake for another medicine she was taking. As soon as the mistake was discovered I was sent for, and realizing the gravity of the case I sent for Dr. Garver to aid me, but before he arrived I found that the drug was having little or no effect on my patient. Her circulation remained good, and the only thing unusual she noticed was a tingling sensation in the throat, fingers and toes. The outcome was an agreeable surprise to all, as I had told the family that in all probability she would die in spite of all that could be done. As far as I know that was the only good result I have ever had from a bad medicine.

Who could tell how much of such stuff to give to produce physiological effects?

The Pharmaceutical Committee on Adulterations in New York purchased fourteen samples of solution of chloride of iron from as many different manufacturers, and *every one of them was below pharmaceutical requirements.*

Of the chloral hydrate examined by that committee, 40 per cent. was unfit for use; 60 per cent. of dilute hydrochloric acid was not good; 75 per cent. of oleate of cerium was inferior; 75 per cent. of dilute nitric acid entirely too strong, and 25 per cent. entirely too weak; 47 samples of compound spirits of ether showed only four good. Thirty samples of dilute hydrobromic acid run from less than half to more than double the proper strength. Only four out of 53 samples of dilute sulphuric acid were exactly right. Of 115 specimens of cream of tartar only 30 were good. Five-eighths of the iodide of potassium was inferior.

Seidlitz powder was short in weight, showing that where they can not cheat in quality they will in quantity.

Speaking of the twenty-six bad out of the sixty-six samples of stronger ether, the committee says:—"If those who supply such miserable goods when best are ordered, could be brought to realize the seriousness of their guilt, they would surely stop if they have a

spark of manhood in their hearts. To anesthetize with such ether is nothing short of downright murder, as it kills the patient."

Forty samples of dilute acetic acid showed six too strong, nine good, six fair, and nineteen poor. The committee says this is an alarming showing, and reveals the fact that the more samples there are examined the worse the matter becomes.

"The strongest seventeen times stronger than the weakest. Just stop and think what this means to a doctor who is treating, for example, a case of scarlet fever, requiring liquor ammonia acetatis. In one store where his prescription may be compounded, he will get only one-third of the amount ordered, while in another he will get more than five times what he calls for. In the one the patient suffers and perhaps dies, because the physiological result is not produced, as the dose is too low. In the other the effects are overwhelming, and possibly fatal, because the dose is too high. Such trifling as this with human life is fearful. It renders all the physician's work nugatory, and makes his practice much like the chance turn of a dice."

In his address at Baltimore last year, Dr. Rusby, one of the leading pharmacists of this country, said:

"Once a year in London occurs a sale, when the accumulated debris in the way of damaged lots is disposed of. At such times many lots of drugs are sold which are so far gone in the stages of decay that their very identity is in doubt, yet at some low price they always find a buyer. The *Chemist and Druggist*, June 30, 1888, says of one of these sales:—"Cummin seed at five shillings, gum elemin at three shillings, and aloes at sixteen shillings per cwt., are only a few of the unparalleled bargains. There were jaborandi leaves that might profitably have been passed through a wringing machine; forty bales of senna at 1-32 of a penny per pound; and finally sixty-six pounds of scammony at three pence per pound."

"And how about the customers? What of firms who buy honest goods at a fair trade price, and are compelled to compete with this sort of thing? What reply is there to be made to such evidence as this? Is it not monstrous that the medical profession as a body should not take action looking toward the prevention of such fatal bolts, that they know must strike somewhere within their midst? For certainly these products are not

purchased to be thrown away, but to be manufactured into extracts and elixirs, upon whose rotten support some among you are to trust the lives which have been confided to your keeping."

Monstrous as it is the medical profession has taken no step to prevent it. A prominent druggist of over twenty years' experience, tells me that inferior drugs are increasing, and that an inspection would show two-thirds of all drugs in the State below pharmaceutical standard. Many laws, such as I suggested, had been advocated, bills had been introduced, but they were always defeated by the influence and money of manufacturers, wholesale and retail druggists, who rush to the members of the legislature, and ask, in the name of God, not to allow such bills to pass, as it would break them up.

And, strange as it may seem, the prayers of these wicked ones have always been answered to their entire satisfaction by the legislature of Indiana. No matter how much the sick may suffer, no matter how many may die for want of pure standardized drugs; that is nothing; it is the fear of the loss of a few dollars that throws Ralph Nickleby into hysterics.

Another druggist, who has been in the business here for years, part of the time connected with three stores, says they buy "seconds" in New York, and that they are equal to the best to be had here. This man is a pharmacist perfectly competent in these matters, and says he is compelled to buy seconds in order to compete with the trade here and make a living.

If the Marion County Medical Society has any desire to know something positive about the quality of the drugs its members are prescribing every day for the sick, let it appoint a committee on adulterations, and have that committee report its findings to the Society once a month. The revelations would be amazing. Then turn these reports over to the daily press, and let the masses learn something of the awful depths to which the profession has allowed this matter to go with out protest, and you will hear something drop.

The question would suggest itself, is there anything in the practice of medicine after all? If physicians do not care whether medicines are strong or weak, pure or adulterated, why should we employ doctors at all? If our patients are to dally along on substitutes until nature cures the disease, of what benefit are physicians to the human race? Why not

turn the field over to "faith," and be done with it? With some show of reason suits for obtaining money under false pretenses might be brought.

"In drugs and medicines purity and accuracy are of the first importance, because the uniformity in action of every medicine is in proportion to its purity and goodness."

With a clear head, a correct diagnosis and remedies of known value, there is something tangible about the practice of medicine; but no one would ever suspect it from any action of the medical profession as a body.

Now, what to do seems to me perfectly plain. We need a law—State or national, or both—to standardize all drugs possible; compelling manufacturers to come to certain requirements, so that a fluid extract or tincture, for example, made by one house will be identical in every respect with the fluid extract or tincture of the same article made by any other firm. That would lessen the druggist's expense, simplify the trade, and put an end to substitution. Then only the qualified should be allowed to handle drugs.

And what about the looseness in the sale of poisons? Thirty-three deaths occurred in Indiana last year from *accidental* poisoning. Indianapolis has a suicide for every week in the year—(Coroner Wagner stated, in discussing this paper, that three a week was nearer; he had signed death certificates for two hundred and fifty-six in the past year). And the list would swell far beyond that if it was not for the fact that so many doctors sugar-coat the cause of death with false certificates. When one physician in our city dispensary has eleven cases of attempted suicide in one week, don't you think something should be done to stop this free trade in poisons?

While sitting in a drug store the other day, I saw a man buy a drachm of sulphate of morphine, and I asked the clerk if they sold much morphine, and he said about four or five ounces a week. "That man uses two drachms a week now." If that "out-town" store is an average one it shows that the 125 drug stores here sell 500 or 600 ounces of morphine every week, indicating that fully 10,000 of our citizens—mostly women and girls—are addicted to that fearful habit. And it is increasing every day, while the medical profession, for whose use drugs are made, and who should raise a voice against their misuse in any way for any purpose, stand motionless with folded arms.

Another evil which has grown to gigantic proportions in our midst is the re-filling of prescriptions. Now let's look at this a little. Pathological conditions do not remain the same; a medicine indicated now may be contra-indicated next week, or earlier, and do the patient harm instead of good. Many diseases have several different stages, as a "bad cold" or pneumonia, and the remedies used in one stage are totally unfit for any other stage. Most druggists know this to be true, especially if they have been in the business for years. Then what is their object? It can not come from any regard whatever for the medical profession in general, or any special love they have for the physicians who send them their prescriptions. Neither can it come from respect for the health and life of their patrons. Then it resolves itself into one thing, and one thing only—money.

They are eagerly willing to set aside every obligation they owe to the medical profession, perfectly willing to set aside every duty they owe their own customers, always ready to drown every compunction of their better natures in the whirlpool of money-getting.

Prescriptions a quarter of a century old are re-filled in Indianapolis every day. The writers of many of them are dead and rotten; the pharmacopœia has been revised and changed, but the unscrupulous druggist will continue to refill until suffering humanity throttles him with a law he can not evade. Of all the cases of morphine and other drug habit in this country to-day, ninety-five per cent. have grown out of the re-filling of prescriptions.

There are many other reasons, but I have certainly stated enough in this paper why the manufacture and sale of drugs should be regulated by law. We have laws against the sale of diseased cattle, hogs, sheep and so forth, with meat inspectors continually condemning cancer-jawed steers at the stock-yards, and unwholesome and rotten meat in our market places. We have chemists to analyze our drinking water, milk and vinegar, to see that they are pure and unadulterated. We have laws against the adulteration of all kinds of food. In fact, about what we shall eat and drink when well, we are a very particular people, and rightly so. But when it comes to the drugs and medicines prescribed for us when sick, we turn ourselves over to the prescription filler with as much confidence as though we knew that all the unscrupulous, mercenary men in the world had started

butcher shops, dairies and groceries before drugs and medicines came into use.

Knowing that this confidence is largely undeserved, it has been my purpose in this paper to throw a little light, if I could, on a class of men who pose as models of uprightness and fairness, but who at the same time are wolves in sheep's clothing, driving the honorable members of their own trade out of the business or into dishonest methods, and filching by fraud a faithful, unsuspecting public. And while I place the perpetration of these crimes at the door of the manufacturer and wholesale and retail druggist, I also charge the medical profession with culpable, if not with criminal negligence, for not rising in a body and earnestly protesting against this wholesale deviation from right in preparing and dispensing the remedies upon which health and life itself often depend.

These to some, possibly to many, may seem harsh words; but as long as my faith in therapeutics is unshaken, I can not remain still while these things are going on. As long as habits worse than death itself are being fastened upon my patients by the unauthorized refilling of my prescriptions, I shall raise my voice in solemn protest.

I can not afford for a single instant to ally myself with such crime; I can not afford for one moment to stand the apologist of the men who manufacture and place on the market inferior and adulterated drugs, or those who knowingly fill my prescriptions with such drugs as steal away my just reputation, and rob my patients of their chances of recovery.

Ergotin a Remedy for Erysipelas.

Dr. Geo. C. Kingsbury, England, speaks in unmeasured terms of praise of the promptness and efficiency of a fifty per cent. solution of ergotin in the treatment of erysipelas. He states that it lessens the pain entirely within twenty-four hours by lessening the vascular tension. It is best applied by means of a camel-hair brush. He has frequently mastered a severe erysipelas without the use of any other treatment.

Dr. Lassar, of Berlin, late Secretary-General of the International Medical Congress, in a letter to the *Medical Record*, avers that he is still alive and well, notwithstanding the report of his illness.

The Indiana Medical Journal

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Short practical articles, reports of Society meetings, and medical news solicited.

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PROF. KOCH'S TREATMENT OF TUBERCULOSIS.

The cautious announcement made by the world-renowned bacteriologist, Prof. Robert Koch, that he had probably discovered a method of destroying the bacillus tuberculosis in its habitat in the human subject, excited great interest among those present at the International Medical Congress in Berlin, where the announcement was made. The medical profession entertains a profound respect for Prof. Koch, for the reason that he has attained the first place among bacteriologists by his original researches and important discoveries hitherto. Yet many practitioners have fresh in memory the rectal injection of sulphuretted hydrogen gas a few years ago, from which so much was expected in the treatment of consumption; and yet brighter in memory looms up the "Elixir of Youth" of the eminent Brown-Sequard, which was to rejuvenate the nations. These have tended to make professional men more conservative, and while we can but respect Koch

and his opinions, we realize that even the great are prone to error.

The secular press has widely disseminated the knowledge of Prof. Koch's discovery of a "cure" for consumption, and the world is on tip-toe of expectation. Meanwhile bulletins and cablegrams concerning the condition of those under treatment in foreign hospitals, and the probable time of the promulgation of Koch's great secret of the centuries, are eagerly read by both the profession and the public of every land.

Consumptives, ever hopeful, have waited in feverish expectation, fearing they may not survive till the great day of deliverance arrives. Relatives and friends of the afflicted are almost equally impatient for the announcement of the panacea which is to restore to them life's dearest treasures.

Prof. Koch published, November 15th, a report setting forth actual cures of incipient phthisis and of lupus, and giving carefully guarded, though hopeful, opinions of the success of the method in more advanced cases. The lymph has been placed on sale in Berlin, and will be furnished, together with instructions as to its use, to reputable physicians.

Prof. Koch is fully warranted in withholding from the public his method of preparing the lymph, for the reason that he had not demonstrated its efficiency, and desired to satisfy himself that he was not toiling eagerly after a mirage. Of course this great savant is too broad to deal in a secret nostrum for pecuniary gain, when its promulgation, if it prove successful in the majority of cases, will afford him greater renown than that of any martial hero of the ages. However, we doubt not that if the method of preparation were made public, the greed of charlatans and of conscienceless manufacturers would transform the blessing into a curse, and more evil than good would result. Therefore, we trust that every government may reserve the right to keep the production of this agent under the strictest surveillance of the health officials of the State.

A Happy New Year.

The New Year, with all its duties and responsibilities, is upon us. The old year, with its achievements, its failures, its duties performed, its tasks illy done, its burdens patiently borne, its gleams of sunshine in our own lives and in the lives of others to whom our ministrations have brought joy or averted calamity—the old year, with all these, is now a sealed book. The poet has beautifully expressed the thought in these lines:

"Yesterday now is a part of forever;
Bound up in a sheaf which God holds tight,
With glad days, and bad days, and sad days which never
Shall visit us more with their bloom and their blight,
Their fullness of sunshine or sorrowful night."

Life is not a failure. Humanity is not going to the bad. The world is progressing, and medicine has kept pace with the other sciences during the last decade. Medicine, surgery and sanitary science have blessed the world to a greater extent during the last dozen years than ever before. The achievements of our masters have been amazing, and the outlook is exceedingly bright.

The field of medical journalism has been well occupied. Physicians are devoting spare moments to professional reading, much more than formerly. The JOURNAL has striven to merit the place it has won in the esteem of its readers. We have gathered, garnered and gleaned diligently in the field of medical literature, and winnowed with an unsparing hand, that our readers might be possessed of the kernels of medical thought without having to clear away the rubbish.

We now take up anew the burdens of life cheerfully, and with a degree of hope and of zeal equal to that which is so characteristic of youth. We extend to the readers of the JOURNAL greeting, and express the hope that the year may be one of prosperity and of advancement to a higher plane in the practice of the noble art which affords so little respite from labor. May that pleasurable sensation which calms, soothes and gratifies the physician, after having achieved success in doubtful and desperate cases, be frequently enjoy-

ed by each individual to whom the JOURNAL makes its monthly visits.

We respectfully solicit the subscriptions of all physicians into whose hands this number of the JOURNAL may fall. It is proper to state that as the JOURNAL is not published for gratuitous distribution and seldom, if ever, finds its way into the hands of the "sample copy fiend," that it is our hope the copies sent out for the inspection of reputable non-subscribers may meet with favor in their estimation. Notwithstanding the fact that we have a goodly number of subscribers outside the State, we aim to make the JOURNAL especially interesting and indispensable to Indiana physicians, and think that every reputable physician should support his State journal, to the end that it may be made the peer of any monthly journal in the country. Please send in your subscriptions.

Substitution and Refilling Prescriptions.

None are so deaf as those who will not hear. None so reckless as those who, in spite of the warnings and entreaties of friends, rush headlong to ruin; and none so mentally obtuse as those who, in defiance of the repeated exhortations of the profession, continue to resort to "the tricks of trade," deaf alike to the interests of the sick and the reputation of the physician who trusts to their honesty and capability to fill his prescriptions just as he writes them. We allude to the deceptive druggist. Substitution is a turbid stream freighted with disloyalty to the profession, and bearing no valuable drift, and the sooner our apothecaries realize the enormity of this inexcusable offense against the profession, and the untold harm it brings to those who swallow their inert and sometimes poisonous substitutions, the sooner will amicable relations be brought about between those who prescribe and those who dispense; and unless the latter abandon the dishonest practice of substitution and the dangerous and unfair practice of refilling prescriptions without the physician's order, the time is not far distant

when physicians will be compelled, in their own interests and the welfare of their patients, to dispense their own prescriptions. Already the wail goes out from the druggists that the physicians are dispensing their own medicines. As explanatory to this complaint we will say, in justice to ourselves, that the average pharmacist has compelled us for our own protection to resort to this measure. Substitution and the refilling of prescriptions has grown to such an alarming magnitude that it is almost dangerous for the physician to let a prescription leave his office. One druggist of this city boasts that he is still refilling the prescriptions of physicians who have been dead for many years.

In conversation recently with Mr. A. D. Roach, representing W. R. Warner & Co., we were informed that this firm secured twenty-eight lots of what were purported to be Warner's pills, and only eight were genuine. He further adds that some months since he sent a prescription to a Vincennes drug store, and instead of "ingluvin" he received a coarse, worthless substitute. If such has been their experience, certainly other reputable firms have fared likewise. All reliable houses suffer from the pirates who offer inert products for a song, and thereby tempt the druggist to resort to substitution. "'Tis true, and pity 'tis 'tis true," that such discouraging things should exist; and for the benefit of those who are in fault, we reiterate our statement that the sooner such disreputable methods are abandoned the better it will be for the druggists. The INDIANA MEDICAL JOURNAL declares war, *aux armes*, against substitution and the refilling of prescriptions without the authority of him who writes them.

For further information regarding the unfair and dishonest practices of many druggists of Indianapolis, we refer our readers to the article of Dr. Denson, published in this number of the JOURNAL.

Dr. Henry J. Bigelow, of Boston, died October 30th, at the age of seventy.

The Diphtheria in Indianapolis.

In our opinion, and in the opinion of many other physicians, the diphtheria epidemic in this city has been unduly magnified. The mortality proves that there must have been mistakes in diagnosis in at least one-half the cases reported. There has, however, been a severe epidemic of follicular tonsillitis prevalent here, and a number of cases of diphtheria; and it may be that physicians have reported cases which looked suspicious as diphtheria, so as by extreme caution to prevent a spread of the latter disease. It is possible also that an effort has been put forth by some unprincipled persons hungry for a reputation in the mastery of a very grave disease. The great fright into which the people were thrown by sensational reports of the rapid spread of diphtheria published by the daily papers, placed the charlatan in a position to get fees and gain reputation among the unwary. At all events, at this writing, there has been little diphtheria compared with the number of reported cases.

Morphia Taken by the Nose.

Dr. W. T. Lawson, Danville, Ind., reports an interesting case of morphine habit, in which the habitue took the drug by insufflation. The doctor says:

When I read your item from Dr. Von Klein, of Dayton, O., in December issue, page 130, I was reminded of a patient of mine. For about fifteen years he used sulphate of morphia by snuffing it into his nostrils, and the habit increased on him till he was using an ounce or more per month. He decided to quit, and made a brave attempt. During two weeks I saw him nearly every day, and believe he would have died at one time on or about the fifth day of his abstinence had I not secretly administered a small quantity of opiate with other medicine. His mind was made up to quit if it killed him. I think he began using it again in a few weeks; he would steal wheat, etc., to exchange for morphia. About that time he ran off, leaving his wife in bed with a child eight days old, with no one to care for her, and with little provision for food or fuel. He never returned; was heard from,

but would not return for all the inducements offered by his friends. The wife soon died, and friends cared for the children. Previous to his going away he was kind to his family, and his wife was a nice, happy woman. He was a very stout, healthy farmer, with little or no cause for using the drug other than habit. It is the only case of the kind I have been able to discover in eleven years' practice; and believing the recommendation of the Dayton doctor a dangerous practice to suggest, it is so convenient a mode of using the drug, I wish you would make an item for your next JOURNAL on this subject, in case you consider it of that importance.

[In the *Medical and Surgical Reporter*, of December 13, 1890, Dr. J. B. Mattison reports a similar case, which he says "is quite unique, and so far as I know medical annals have not a parallel." If the truth were known, it is quite possible that such cases are not so rare as Dr. Mattison thinks.—ED.]

A Good Movement by the Randolph County Medical Society.

The Randolph County Medical Society has passed a resolution condemning the practice of county commissioners, of letting the pauper practice of the various townships to the lowest bidder. The resolution avers that such practice is unjust to the medical profession and the poor who have to depend upon the charity of the people for medical services; that "it deprives the poor from selecting their medical attendants, and physicians, other than the contracting parties, from receiving compensation for services rendered such paupers." The Society also demands an amendment by the next legislature, to section 5764 of the Revised Statutes, by striking out that part of the section which permits the county commissioners to contract with physicians to do the pauper practice of the townships, and making it the duty of the township trustee to procure such services.

The Randolph County Medical Society has the sympathy of the JOURNAL in this laudable effort, and we trust its efforts may be crowned with success.

NOTES AND COMMENTS.

New York City has lost 52,160 persons by phthisis within the past ten years—14.12 per cent. of the total deaths.

Dr. Kupke (*Med. Rec.*) recommends very highly fluid extract of *rhus aromatica* (sweet sumach), in doses of fifteen drops, for enuresis of children.

Surgeon-General J. H. Baxter was stricken with paralysis December 1st, and has since died. Another faithful and eminent man has gone. The nation, the profession and his friends will long lament his loss.

We are pleased to say that medical teaching in this city is better than ever before. The rivalry between the two colleges seems to have lost its bitterness, and the professors are seeking to impart instruction to their respective students rather than to engage in a useless and ruinous warfare.

Dr. McCall Anderson's announcement that acute phthisis is curable, excites a good deal of surprise and quite as much incredulity; yet Dr. Anderson reports in the *British Medical Journal* seven cases of this character, of which five recovered. The treatment contains no especially new feature. He says the principal indications are—"1, to keep up the strength; 2, to keep down the fever; 3, to treat any special symptom or complication which may arise."—*Med. Rec.*

The *University Medical Magazine*, which has heretofore adhered to its policy of publishing only original matter—no commercial notices and no abstracts from other journals, announces that it has "decided to make a new departure, that is to add a new department devoted to Medical Progress." This department will consist of five sections, viz.: Medicine, conducted by Dr. William Pepper; Surgery, by Dr. D. Hayes Agnew; Therapeutics, by Dr. Horatio C. Wood; Gynecology, by Dr. William Goodell; and Obstetrics, by Dr. Barton Cooke Hirst.

We are unable to see how the contention as to which was the first post-graduate school in New York, is to affect medical education in that city. The profession cares nothing about claims of priority, for the reason that the first candidate for professional favor could not, and we trust would not, bar competition. There seems to be room for both the Post-Graduate and the Polyclinic.

A new monthly journal, called the *Bacteriological World*, will be issued January 1, 1891, edited by Dr. Paul Paquin, Director of the Missouri State University Patho-biological Laboratory. The subscription price is \$3.00 a year, and those who wish to subscribe can address Bacteriological World Publishing Co., Columbia, Mo.

Dr. Pio Marfori claims to have obtained good results in some cases of phthisis by making the patients inhale chloroform for a few minutes six times a day. The cough is relieved, the character of the secretion modified, and the febrile temperature reduced.—*Lancet-Clinic*.

Dr. Gingeot (*Therap. Gazette*) highly commends the application of cold to the precordial region as a very valuable treatment for palpitation. Attention must be paid to the method of applying cold. The simplest plan is to apply a wet sponge over the heart in the morning before dressing. At night, when in bed, a cold compress may be put over the heart, well covered with dry bandages to retain the moisture and prevent wetting of the clothing. When this compress is warm, the patient may remove it, and will probably fall asleep. Ether spray, if the patient is properly instructed in its use, is an excellent means of applying cold. It is said that palpitation of purely nervous origin almost invariably yields to this treatment, and a certain success often follows its use in palpitation due to organic disease. Equalizing the heart's action will often prevent an increase in its size. It is also useful in aneurism and passive dilatation.—*Jour. A. M. A.*

Practical Medicine.

The Koch Treatment of Tuberculosis.

BY THEODORE POTTER, A. M., M. D.

Lecturer and Demonstrator in Bacteriology, Medical College of Indiana.

The interest awakened by Koch's recent announcement has naturally not abated since the issue of last month's JOURNAL, and during the interval more definite information has come. Yet it must be said that Koch's original statement remains the chief guide as to the method of application and the probable or possible results. Sufficient time has not passed to test the permanency of the results, and among the cases of lupus which had healed over, several relapses are said to have occurred. The Berlin *Klinische Wochenschrift*, for December 1, gives a full report from Koehler and others of the treatment as applied to various surgical cases, chiefly lupus and joint-disease. Much stress and high value have been placed upon the diagnostic use of the remedy in such surgical cases. It has, indeed, seemed to be absolute. This diagnostic certainty depends not so much upon the general as upon the local reaction; for more or less general reaction occurs in healthy individuals and in those suffering from other than tuberculous lesions. In pulmonary disease the remedy is probably not of as great diagnostic value, since the diseased areas are not under observation. In general, the effects of the treatment have been more pronounced, and more nearly approaching to cure in surgical than in pulmonary lesions, probably because the destroyed tubercular tissue is in such cases more easily thrown off. But even should it prove that the treatment will put an end to the tubercular process, surgery will probably have to step in frequently to remove such tissue, since living bacilli may remain. This was part of Koch's original statement also.

The greatest interest of the profession at large naturally centers in the application of the remedy in pulmonary tuberculosis. The

experience wherever it has been introduced has been that of a rush of advanced consumptives; yet this is just the class of sufferers who have the least prospect of benefit from it. For it is always to be remembered that such cases are no longer simple, being the subjects of mixed infection with putrefactive and pyogenic bacteria. No pronounced curative effects have been observed in such cases, nor is it at present looked for. They will probably furnish the data for the earlier *public* verdicts upon the treatment, but the scientific observer must exclude them from his calculations. Koch has not claimed that the new method would cure, or even, so far as at present known, would in any marked degree improve advanced pulmonary tuberculosis. This must not be forgotten in the formation of opinion by the profession, and in statements made or hopes held out to the public.

Thus far the following statements seem justifiable: The Koch lymph does produce pronounced results, which seem to be confined to living tubercular tissue. These local effects are best studied in surgical cases.

In some surgical cases the disease seems to have been brought to an end. Time only can tell of the permanency of the "cure."

Some cases of *early* lung disease seem to have been also cured, the signs and symptoms fading out and bacilli disappearing from the sputum. Here also time must pass the final judgment. The diagnostic value of the treatment seems great, if not absolute, in surgical tuberculosis. In pulmonary cases it is, for reasons given above, still subject to much more doubt.

The remedy is dangerous, chiefly because so powerful. Especially is this to be remembered when dealing with pulmonary cases, or those much weakened by disease. Several deaths have followed too large dosage, and probably were due to it. The proper initial dose for surgical cases in adults is one-hundredth of a cubic centimetre, *or less*, of the pure lymph. In pulmonary cases one-thousandth or less, and for children the dose must

be still further reduced to a fifth or tenth of those for adults. A physician should be present at the time of the reaction, at least after the first treatments. Great care is necessary in laryngeal cases, lest the local reaction cause serious stenosis, even demanding tracheotomy. Special precautions are also necessary in visceral tuberculosis.

The lymph is not to be had at present, and will probably not be obtainable by the profession at large for some time. In the meantime, therefore, the public excitement in most places may subside, and the profession will have gained more definite and complete knowledge. Some criticism, even of a harsh character, has been made of the refusal of Koch to publish the composition and method of preparing the lymph. This seems to the writer not justified and to be due to some misunderstanding and a failure to appreciate the circumstances. The material is evidently difficult to prepare. It is supposed to be a product of bacterial cultures, and could therefore be prepared only by those skilled in such work. When its exceedingly powerful nature is remembered, the natural desire to be early in the field, and the certain incompetence of most of those who would attempt its manufacture, it is evident that Koch has done well to keep it in competent hands while it is on trial. Moreover, it has been suggested that the method of preparing this lymph may be of more general application, and that the way may thus be thrown open for the discovery of agents curative in other bacterial diseases—typhoid, diphtheria and pyemia, for instance. If so, Koch is certainly justified in keeping his secret until he has tested in these directions. The only fair criticism which can be made, is upon the propriety of announcing publicly a discovery such as this while it was as yet confessedly only in the earlier stage of trial. At the proper time we shall know all about it. In the meantime we may possess our souls in patience, and so conduct ourselves that the public may not have cause in the future to point the finger of scorn at our profession. And we may be the more patient

knowing the high source from which the new treatment has come, and the spirit of true science which underlies it all. Those who know Robert Koch are last to even suggest improper motives.

It is to be remembered that the treatment has been now under way several months in Berlin, and from there will come the most reliable information. Again we say, as in the brief statement of last month—*Festina lente*, and watch Koch.

Treatment of Obstinate Dropsy.

There are certain cases of dropsy, occurring most usually in the course of incurable renal disease, that most stubbornly resist treatment. Dr. Tyson suggests a few points in the management of such cases which should be of some value. He reports three cases of chronic kidney disease in which his method of treatment brought about much better results than would have followed ordinary methods. All had been treated with the usual purgatives and diuretics without effect; in fact the cases grew worse. Milk was administered at regular intervals and in fixed doses, and this was followed by much improvement. In two of the cases spartein in full doses, in addition, was followed by a large increase in the amount of urine excreted. Though sugar of milk is a diuretic, the substitution of milk for all food was followed by improvement, but not in diuresis; when this improvement flagged, the use of the diuretics, as sparteine and caffeine, was begun and continued with the happiest results.

Dr. Tyson believed the explanation is to be found in the fact that there is really but a very small amount of solid and liquid food ingested. For the first day but four ounces was permitted every two hours from 6 A. M. to 8 P. M., making thirty-two ounces in twenty-four hours, all other solids and liquids being cut off; but sixteen ounces additional were allowed in the second twenty-four hours. Even if the amount of urine is not increased the excretory organs keep up their work and gradually diminish the amount of fluid present in the tissues.

This plan is similar to Hay's treatment, in which the allowance of a minimum of water is combined with the use of hydragogue cathartics, but is an improvement upon it, in

that the food is given in a much more manageable form. The milk may be given either skimmed, in which state it is more easily assimilable, or as buttermilk, or it may be peptonized.

This treatment may be supposed to exercise a direct curative effect upon the kidneys; the excessive accumulations of fluid cause engorgement of the general circulation, as well as that of the kidney, thus interfering with the activity of the latter. When the amount of fluid ingesta is restricted, the balance begins to be restored, and the kidneys can resume their former activity. In such cases of dropsy the administration of diluents would only make matters worse, and result in a further accumulation of fluid.

From this it may be seen that the cases for this treatment are not those of acute and subacute nephritis, where the kidneys are yet comparatively efficient, but rather those in which there is a complete saturation of all the tissues, including the kidney itself, with transuded serum, and where there is no movement in the lymph spaces or lymph vessels. —*Weekly Med. Review.*

Treatment of Diabetes.

Dujardin-Beaumetz (*Therapeutic Gazette*) advises that a most rigorous dietary be prescribed. Eggs, meat, fowls, and green vegetables are allowed. Fatty food is useful and may be in the form of oils, fish canned in oil, bacon, pork and butter. Gluten bread is allowed. The patient may take at each meal three ounces of boiled potatoes. All starchy foods are forbidden. Nor is milk allowed. Tea and coffee may be sweetened with saccharin. It is important that sauces and gravies containing flour should not be used. Wine may be taken diluted with Vichy. Distilled liquors are prohibited. A combination of carbonate of lithium with a small dose of liquor potassii arsenitis is given twice a day. Fifteen grains of antipyrin are given after each meal. The author considers it important that the mouth should be thoroughly cleansed after eating. A boracic acid antiseptic solution is recommended. A sponge bath with warm water, followed by vigorous rubbing, is strongly advocated. It is considered highly important that the cutaneous surface should be in a state of well marked activity. Mild exercise, regular in its performance, is an adjunct to treatment. The author condemns the skimmed milk treat-

ment of Donkin, believing that the use of milk increases the amount of sugar excreted. The lactose has, in addition, a well marked diuretic action. Saccharin may be freely given, and but rarely produces any unpleasant effects. The author evidently believes the polyuria of diabetes to be of neurotic origin. Antipyrin, phenacetin, and exalgin may all be used to reduce it. He mentions cases where the urine was greatly reduced. The amount of sugar is also reduced by antipyrin. The author considers the question of the duration of the diabetic diet. From the conclusion which he draws, it would seem that an improvement in diabetes is to be expected rather than a cure. If the former is obtained the author is satisfied with his treatment. The careful diet is continued until the sugar has entirely disappeared or is much diminished. Then, on the ground that the prescribed diet, if too long continued, will enfeeble the patient, a more generous allowance is given. This may cause a reappearance of the sugar, but if the amount be not over one hundred and fifty grains a day, the glycosuria is not considered deleterious to the patient.—*Brooklyn Med. Jour.*

Occasional Absence of Casts in Nephritic Urine.

Dr. E. Sehrwald (*Deutsche Med. Wochenschrift*, 1890, 24), calls attention to the fact that not infrequently casts are absent temporarily in the urine of typical nephritis, accompanied with albuminuria, and that even different hours of the day yield different results in the quantity of casts, where the elimination of albumen is in constant quantity. The urine containing but few casts reveals a greater number of granules and free nuclei, while the cylinders are finer and paler than those in richly loaded urine.

These facts point to solution, after formation, of the casts which may be the result of a simple chemical process—the normal properties of acid urine being reversed in albuminuria—or through putrefaction and consequent alkalinity of the urine. More often solution of casts comes from the presence of pepsin in the urine, so that the number of visible casts is constantly diminishing as long as the urine remains in the bladder, or out of it in a warm room. Examination of urine for casts then should be conducted with portions of urine which have only remained in the bladder for a short time, and these samples should be allowed to settle the short-

est possible time to insure the deposit, in a low temperature, and with the addition of a few drops of chloroform. The author is of the opinion that peptic digestion of the casts may occur even in the kidneys when the casts are locked fast in the uriniferous tubules.

Dr. Sehrwald's point seems to be perfectly well taken and can not fail to be of great practical interest to those who recognize the importance and diagnostic value of thorough microscopical examination of urine in cases of suspected renal disease.—*Ibid.*

Ulcer Ventriculi.

McCall Anderson, Glasgow, has analyzed a series of 35 cases of ulcer of the stomach occurring in hospital practice. These particular cases were taken from a medical service of 2,538 cases, a percentage of about $1\frac{1}{2}$; 3 of these were males, 32 were females. The proportion of the former was found to be 1 in 537; that of the latter 1 in 29. The minimum age given is 17; the maximum is 60. The greater number of cases occurred between the ages of 20 and 40. The length of time that the patients suffered before admission into the hospital varied from one month to three years; 11 of these cases had had previous attacks. Recurrence is commonly found. The author found the appetite variable. It sometimes remained good throughout the attack. Pain was described by the patients as being of a burning, gnawing, cutting, shooting, dragging and dull character; it came on either immediately after the ingestion of food, or in varying times up to one hour, lasting from two to three hours; tenderness was found in many cases, generally in the epigastrium; vomiting was present in 22 cases; with the occurrence of vomiting the pain generally ceased; hematemesis was profuse in only 6 cases; constipation was the general rule. One of these cases died from hemorrhage, a post-mortem examination revealing a perforation of a vessel near the pylorus. The only new point in treatment is an excellent suggestion concerning the use of Carlsbad salts. From one to five drachms may be administered. This amount should be dissolved in a pint of boiling water, and, when cool, taken in four ounce doses at intervals of ten minutes. This should be taken in the morning. By acting as an aperient, neutralizing the acidity, and stopping fermentation, the "Carlsbad" aids to reparative process.—*Ibid.*

*Correspondence.***Asiatic Cholera in Asia.***Editor Indiana Medical Journal:*

During the past year we have had one violent outbreak of cholera in this city, and since then I have met isolated cases both here in the city and among the Arabs on the plain of Mesopotamia. Just at this time, when the disease seems to be making every possible effort to enter Europe, a few words in regard to its conduct at home may not be wholly without interest to the readers of the JOURNAL.

This city contains nearly 100,000 people, and occupies the west bank of the Tigris river, directly opposite the site of ancient Nineveh. The climate, therefore, is very hot. The streets are very narrow, and are always very dirty, for there is no system of drainage, and very little attempt made by the authorities to keep them clean. A great many of the native houses have in the center of the court-yard a large cistern, which acts as a receptacle for all slops and offal.

Just why the disease has left here to make an attempt to enter Europe is more than we know, for there certainly can not be found anywhere greener pastures or more fertile soil for its ravages than the cities along the Tigris.

Early in the summer of 1889 it appeared at Busorah, at the head of navigation for ocean steamers, near the mouth of the Tigris. Immediately following its appearance at Busorah, it came up the river, very few towns by the way escaping. It is claimed that its rapid progress was due to a river steamer that brought up some refugees from near the head of the Persian gulf. Bagdad suffered as never before, and before we knew it a number of cases were reported here in Mosul. The death rate in the former city reached as high as four hundred daily, and it is estimated that in all there were more than four thousand fatal cases.

It reached here later in the season, just in time to be met by cooler weather. I think this cool weather not only shortened the outbreak, but also ameliorated the symptoms. It was impossible to obtain correct information in regard to the number of cases here, but I think I am safe in putting the number attacked at one thousand, and the number of deaths at between four and five hundred.

The disease raged violently in this region for about two weeks, after which time only isolated cases were met.

The summer months preceding the outbreak were noted for the prevalence of bowel troubles, especially diarrhea and dysentery. The local physicians say this is usually the case, yet they are unable to give a satisfactory reason for it. It would seem that either the causes which produce the preceding bowel troubles are local, and simply prepare the way for epidemic cholera, or there is such a thing as cholerine, which goes before an outbreak of real cholera.

The first cases that were here appeared simultaneously in different parts of the city, and the people attacked were strangers to each other, having nothing in common. The oriental home contains usually three or four families, and it has been in the experience of the writer a noticeable thing that not more than one or two in a house are usually attacked. We are told that the germ can be carried a great distance by means of damp clothing, etc., yet the Arabs of the plain, who have not been entirely free from the disease for several years, send every year large quantities of wool to England and the continent. It is sent, too, just at the time of the spring rains. This year I saw a caravan of one thousand camels, all loaded with wool owned by English or European merchants, which I know came from districts where the disease was raging. While we know this to be true, yet at the same time we know there has been no outbreak of cholera there.

Here in the East, where there are no railroads, and where the trade between cities is limited, we should expect the best results from quarantine, but they did apparently little if any good. I am quite ready, however, to believe that the failure of the quarantine to stop its progress was due in a large measure to the Turks' appetite for gold, as many doubtless passed the guard without examination by paying a small fee.

In treatment we followed a number of different lines, but were always glad to get back to opium in combination with such other things as seemed needed, especially in the early stages. Three cases which have come to our notice in the past two weeks, may be taken as representative ones:

CASE 1. Man, age twenty-five years; taken violently sick during the night with purging and vomiting; was well the day before, but late at night had eaten some watermelon and

cucumbers. I saw the case about four o'clock in the afternoon, at which time there was great exhaustion, frequent stools without odor or color, and a quick, feeble pulse. The face was pinched, having that staring expression and peculiar leaden hue so common to cholera patients. There had been great pain, but when I saw him there was none. The usual treatment was prescribed, but the man died early in the morning, just twenty-four hours after the attack began.

CASE II. Man, age thirty-six years; had been troubled for some time by frequent attacks of diarrhea; was awakened soon after midnight by severe pain in the stomach and bowels, which was soon followed by his "discharges pouring from him." Saw the case six hours after the attack began, at which time there was great pain, and nothing could be retained in his stomach. The pain and cramps in the legs were so severe that he was with great difficulty held in bed. The case recovered, but has since been troubled with serious bowel trouble, which may yet end his life.

CASE III. Girl, age seventeen years; had been perfectly well the day previous; had eaten nothing but her usual diet; was awakened just before daylight by "pain in the bowels and a desire to vomit." This pain increased, and was soon followed by frequent stools, rice-water in character. The nausea increased until nothing could be held in the stomach unless small doses of carbolic acid or cocaine was given with it. The diarrhea, which was soon followed by cramps in the legs, continued until the whole surface was clammy, cold, and bathed with perspiration. The face also had that pinched appearance spoken of in the other case. A physician was engaged to remain with her during the night. The treatment was in the main the same as in the other cases, yet in two days she was up and walking in the yard. The case was in several ways worse in its appearance than the other cases, yet she came out so quickly. Although we saw the case early, I am satisfied that her life was saved by the assistant who remained by her side, watching every symptom and meeting every emergency from the time the attack began until the danger was past.

JOHN G. WISHARD.

Mosul, Turkey in Asia, Nov. 1, 1890.

Skin-grafts from the bodies of recent cadavers have been successfully used.

Materia Medica and Therapeutics.

The Use of Certain Drugs

BY S. E. EARP, M. D.

Professor of Materia Medica, Therapeutics and Medical Chemistry, Central College Physicians and Surgeons.

Too much carefulness can not be observed in the study of the physiological action of a drug; it is, in fact, the foundation for the therapy. Frequently the examination of prescription files demonstrates that a large per cent. of those prescriptions in which there are three or more ingredients, the usefulness of the base has been obliterated by its intended adjuvants or correctives.

Furthermore, hundreds of combinations are made in which two or more of the remedies have the same physiological and therapeutical action, while the chemical and physical properties are also identical, and where the increase of dose of either would have produced a better result without violating the laws of combination or verging into the obsolete methods of polypharmacy. In some instances, however, the combination of drugs that are synergistic may enhance the value of the whole, yet with very few exceptions each has an office to perform which is an integral part of the whole. An example worthy of mention is cathartics.

The drug eruptions, which are frequently present, have in some instances been a source of error in the diagnosis of a case, and especially from the fact that their appearance is uncertain, and also their outline differs slightly in individual cases. The pseudo-physiological action or the appearance of an eruption when it is prompted by an idiosyncrasy, may oftentimes baffle the diagnostician. The familiarity with such as the potassium iodide eruption resembling scabies, belladonna or potassium bromide eruption resembling scarlatina, or sodium salicylate eruption resembling urticaria, would not under ordinary circumstances lead to any error; yet the peculiar appearance of the eruptions produced by the newer remedies require careful obser-

vation—for example, sulphonal, methozin and acetanilid, which are now being used so extensively.

Again, the best results of the vegetable astringents is the action obtained by direct contact with the part. Therefore, to act as a remedial agent on the lower bowels, that is performing the office of an astringent—for instance, tannic acid—it should be in a form to pass the pylorus undissolved, yet how few give this a moment's thought. While we are searching for the new remedies, is it not a good plan to pause and ask ourselves do we know all that can be known about the old standard remedial agents?

Salol and its Untoward Effects.

It is known that the continuous use of carboic acid will produce fatty degeneration and disintegration of tissue. From the fact that salol depends partly upon carboic acid to produce remedial results, it has been ascertained that in some instances dangerous pathological changes have taken place.

Hesselbach (*Medical News*) deduces the following practical conclusions from his observations:—1. The large proportion of carboic acid contained in salol renders it so toxic a substance that its unrestricted therapeutic use is fraught with danger. 2. In renal disease, acute or chronic, salol is contra-indicated.

Picrotoxin and its Uses.

Dr. Murell calls attention to the therapeutic uses of "a useful but much neglected remedy," picrotoxin, an active substance obtained from the *cocculus indicus*, and it has come to the front in consequence of its being included in the list of additions of the British Pharmacopœia. The pharmacology of the drug has been thoroughly worked out and it has been shown to possess very definite physiological action. It has been recommended in epilepsy and chorea, and in certain forms of dyspepsia, megrim and dysmenorrhea. Externally it is used as a pigment or paint as a parasiticide, though one would scarcely have thought that there was a vacancy in this department. More to the point

is its excellent effect in the sixtieth of a grain doses in checking the exhausting night sweats of phthisis. In its action on the secretions, picrotoxin is allied to pilocarpine and muscarine, and is antagonized by atropine and members of that group. Since the drug is not devoid of poisonous properties in larger doses, it is well to know that its antidote is chloral hydrate.—*Medical Press and Circular*.

Suggestive Therapeutics in Mental Disease.

Seppilli, in a paper read before the Congress of Italian Alienists (*Archivio Italiano*, XXVII, V), finds that suggestive therapy is hardly available as a general means of treatment in insanity, since the insane are not easily brought under the influence of hypnotism; but that it may be of advantage in certain forms, more especially epileptics and hysterical cases, and that the best results are obtained in these and in dipsomania. Hypnotic suggestion should be employed only on patients who voluntarily submit to become hypnotized, and care should be taken to watch for any injurious effects. Therapeutic suggestion, given in the normal state, is of decided advantage in mental diseases, and when methodically used to combat the morbid conditions, is especially useful in simple melancholia, alcoholism, and the lighter forms of insanity. In chronic paranoia it does not seem to give any favorable results.—*Medical Review*.

Salicylic Acid as a Prophylactic of Scarlet Fever.

In the October number of the *Centralblatt für Klin. Medicin*, Dr. G. Sticker reports the observations of Dr. G. de Rosa, as published in the *Giorn le Internazionale delle Scienze Mediche*, as to the value of salicylic acid as a preventive of scarlet fever. Out of sixty-six children exposed to the infection, twenty-seven cases existing in one house, only three took the disease after the administration of the drug, and in those the failure was attributed to the fact that its administration had been begun too long after exposure. Its use is to be begun when there is danger of infection, giving 0.1 to 0.3 gramme (1.5 to 4.5 grains) daily, until the possibility of infection is past. It is not necessary to isolate the patients, for fear of their communicating the disease, under this regime.—*N. Y. Medical Journal*.

A Simple Cure for Nocturnal Enuresis.

According to Dr. Van Trenton, La Hayne, in a paper before the International Congress, nocturnal enuresis of children is due to the insufficiency of the sphincter vesicæ, which allows the urine to flow into the upper portion of the urethra, from which it is then expelled by the reflex action of the detrusor urinæ. It can not be due to distension of the bladder, because children wet the bed two hours after retiring. His treatment consists in preventing the urine from running into the urethra by raising the foot of the bed. He has made fourteen cures in this way, taking the additional precaution of having them empty the bladder just before retiring, and of giving them no liquid at this time.—*Practice.*

So-Called "Faith Cure."

Des Moines is blest with a clergyman whose faith, while not sufficient to remove mountains, is sufficient to enable him to sacrifice a child suffering from peritonitis on the altar of "faith cure." The clergyman certainly has the courage of his convictions, for he met public indignation at the murder of his child by arguments based on a denunciation of medicine as a fraud and physicians as quacks in certain biblical passages. He cited for his prayer treatment of peritonitis, the authority of James, who says: "If there be any sick among you" "send for the elders of the church and let them pray over him, anointing him with oil in the name of the Lord." His denunciations of physicians are based on Job, who said to his officious friends: "Ye are all physicians of no value." The fate of Asa, narrated in Chronicles, is also cited: "Asa sought not the Lord but the physicians, and Asa slept with his fathers." From these premises the reverend gentleman drew the conclusions which permitted his child to die in agony from peritonitis. An indictment for manslaughter would seem to be indicated in Iowa to save children from the "faith cure" fanatics. The Brooklyn "faith cure" fanaticism yielded to this treatment.—*Medical Standard.*

Charles Dudley Warner says that the difference between the "faith cure" and the "mind cure" is that the mind cure doesn't require any faith, and the faith cure doesn't require any mind.—*Boston Jour. of Health.*

Mosquera's Food Products—Beef Meal, Beef Cacao.

Parke, Davis & Co., whose reputation for original work has long been established, announce that after thorough study of various food products, they can now supply preparations which will fulfil all the requirements for therapeutic and dietetic use.

Physicians, in their practice, very frequently meet with cases where nutrition is of more importance than medication; in fact, cases where nutrition is the only agent they can count upon. The question of replacing the waste of tissue, where normal nutrition is inefficient, by means of concentrated or pre-digested foods, is one that always presents many difficulties, there being very few preparations, if any, that meet all the requirements of the medical profession.

Heretofore medical practitioners have had at their disposal a great variety of preparations of meat. These are divisible into four great classes. We have, in the first place, the extracts of meat, prepared after the formula of Liebig; then the so-called meat juices; next the ordinary powdered meats; and, finally, the meat peptones.

The ordinary process of preparing meat extracts involves a simple extraction of meat with either warm or cold water, and an evaporation of the resulting solution continued until reduced to a thick liquid or paste. This extract contains the inorganic soluble salts of the meat and some stimulating organic matter, but none of the nourishing, flesh-forming albuminous substance.

The meat juices are merely cold extractions of the meat, and such products contain some soluble albumen, which coagulates out upon boiling, and naturally can not amount to much more than four or five per cent. The meat juices, therefore, possess but little nutritive value.

Powdered meats, as heretofore known, are nothing more nor less than the residue left after extracting all the soluble constituents. Dujardin Beaumetz and other therapeutists, as a result of a careful line of experiments, concluded that this powder possessed a high nutritive value, and could be employed to advantage in the treatment of certain diseases (consumption and dyspepsia especially). That they are concentrated nutrients is a fact, for beef, in its natural condition, contains seventy-five per cent. of moisture, all of which is driven off in the preparation of the powder. The fact, however, that these powders

are liable to become rancid, or else have been deprived of the inorganic salts, peculiar to meat in its natural state, which salts are quite essential in the digestive process, is an objection to the meat in this form. Moreover, powdered beef requires just as much effort on the part of the stomach to digest it, as does ordinary beef, and for this reason can not be regarded as a proper food for patients suffering with derangement or weakness of the digestive organs.

Another group of meat preparations embraces the meat peptones.

Peptone is the ultimate product of digestion, and the form in which the albuminous or proteid matter is assimilated by the system. These peptones are invariably the product of the artificial digestion of meat by animal pepsin and hydrochloric acid, or, although to a smaller extent, by the digestive ferment of the carica papaya. These are the only preparations really valuable as nutrients. But the physician meets here with another difficulty, in many cases insurmountable; the taste of the peptones is, more or less, bitter and objectionable to the palate, so that patients either absolutely refuse to take them, or take them only with the greatest repugnance. Besides this, their price is comparatively so high that frequently the physician is obliged to abstain from prescribing them.

All the difficulties heretofore encountered by the medical profession in the use of predigested foods, have been overcome by the new food products of the Mosquera Julia Food Company. Mosquera's Beef Meal contains all the stimulating principles of the extracts of meat, and, in addition, the nutritive principles which the extracts lack; all the albumen of meat juices without their weakness; all the strength of powdered meats without their rancidity and insolubility; all the peptones of the peptonized meats without their bitterness.

The claims we make on behalf of Mosquera's Beef Meal, therefore, can not be overestimated; they are based on its analysis and properties, and may be condensed as follows:

Mosquera's Beef Meal is a perfectly pure predigested meat, containing all the nutritious constituents of good lean beef, half of which are in soluble form, ready for immediate assimilation, and the other half easily digestible by the gastric and pancreatic juices. Therefore the entire preparation, being practically dry, is composed of nutritive

matter, containing about forty per cent. soluble peptone and albumose.

It represents, in actual nutritive value, at least six times its weight of good lean beef.

It is perfectly palatable, and will be tolerated with ease by the most delicate stomach.

It admits of being administered in a variety of forms, thus avoiding monotony in the food. It is the most nutritious as well as the most economical concentrated food.

It must be understood that Mosquera's Beef Meal is not a ready prepared dish, but rather a raw product. It is nothing more than a concentrated beef, converted by artificial digestion into a form which renders it assimilable upon mere contact with the mucous membranes of the alimentary canal. It, therefore, must be treated by the nurse or cook with the same regard to flavor and taste they would exhibit in the preparation of beef steak. Ordinary beef, if simply boiled in water, would neither yield a palatable bouillon nor be eaten itself; salt and other condiments must be added to it. So also, in the use of this beef meal, ingenuity has necessarily to be exercised in its preparation. No matter how palatable or nutritious a food may be, unless presented in a variety of forms it will inevitably become monotonous and even repulsive, this being especially true with patients whose digestive organs are in a weak and debilitated condition. If, therefore, a patient is to take the beef meal for a length of time, it must be administered in a variety of forms to insure the benefit of all its nutritious value.

It may be given in different soups, conditioned to suit the taste of the patient, as also mixed with biscuit powder or oatmeal porridge and milk and sugar. Again, it may be mixed with chocolate, which makes a delicious beverage, or given in the form of a sandwich, and finally as a plain beef tea, simply dissolving it in hot water, adding salt.

Mosquera's Beef Cacao consists of equal parts of beef meal, sugar and a superior article of Dutch cacao. It does not require cooking, but may be mixed with warm milk exactly like ordinary chocolate, and so completely is the taste of the beef disguised that it can not be detected.

To physicians interested a pamphlet fully descriptive of the special advantages, uses and methods of administration of these preparations will be mailed on request, and samples will be sent to physicians who desire to clinically test them in practice.

Reviews and Book Notices.

The Physicians' All Requisite Time and Labor-Saving Account-Book, being a Ledger and Account-Book for Physicians' Use—Meeting all the Requirements of the Law and Courts. No. 1, \$5.00; No. 2, \$8.00. F. A. Davis, 1231 Filbert street, Philadelphia.

"Probably no class of people," says the publisher of this excellent Account-Book, "lose more money through carelessly kept accounts and overlooked or neglected bills than the physician. Often detained at the bedside of the sick until late at night, or deprived of even a modicum of rest, it is with great difficulty that he spares the time or puts himself in condition to give the same care to his own financial interests that a merchant, a lawyer, or even a farmer devotes. It is plainly apparent that a system of book keeping and accounts that, without sacrificing accuracy, but, on the other hand, insuring it, at the same time relieving the keeping of a physician's books of half their complexity and two-thirds the labor, is a convenience which will be eagerly welcomed by thousands of overworked physicians. Such a system has at last been devised, and we take pleasure in offering it to the profession in the form of the Physician's All-Requisite Time and Labor-Saving Account-Book."

We may mention a few of the superior advantages of the Physician's All-Requisite Time and Labor Saving Account Book, viz.:

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6. Absolutely no waste of space.
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8. Double the number and many times more than the number of accounts in any similar book; the 300-page book contains

space for 900 accounts, and the 600 page book contains space for 1800 accounts.

9. There are no smaller spaces.

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To all physicians desiring a quick, accurate and comprehensive method of keeping their accounts, we can safely say that no book as suitable as this one has ever been devised.

Medical Diagnosis, with Special Reference to Practical Medicine—A Guide to the Knowledge and Discrimination of Diseases. By J. M. DaCosta, M. D., LL. D., Professor of Practice of Medicine and of Clinical Medicine at the Jefferson Medical College, Philadelphia; Physician to the Pennsylvania Hospital; Consulting Physician to the Children's Hospital, etc. Illustrated with Engravings on Wood. Seventh Edition, Revised. Philadelphia: J. B. Lippincott Company. Cloth, 995 pages; \$6.00.

The medical profession, not only of America but of the world, knows Prof. DaCosta, and he is known chiefly through his masterly treatise on Medical Diagnosis. We esteem him as peerless in this department among his countrymen, and the peer of any gentleman, living or dead, American or European. The second edition of the German translation of this work has been issued, a Russian translation is on the market, and a French translation is in preparation. The volume is a fine specimen of book-making in every respect. No physician can afford to do without DaCosta, no matter what other works he may have on the subject. We predict for this revision a large sale.

Weekly Medical Review Pocket Reference Book and Visiting List; 12mo., 161 pages, Morocco, \$1.00. J. H. Chambers & Co., St. Louis, Mo.

The editor has succeeded in getting such material in a condensed form as will be help-

ful to the physician at the bedside. Among the treasures are Prediction of Date of Confinement, Artificial Respiration, Disinfection, Clinical Examination of Urine, Chemical Examination of Urine, Poisons and Antidotes, Table of Doses, Doses of Medicines for Children, Metric System of Weights and Measures, Diet Table for Diabetics, Diagnostic Table of Eruptive Fevers, Blank Leaves for Memoranda, for Clinical Record, Obstetric Record, Vaccination Record, Bills Rendered, Cash Received, Death Record, etc. The dollar paid for this little pocket-book is well invested.

The Century Dictionary—An Encyclopedic Lexicon of the English Language. Prepared under the superintendence of William Dwight Whitney, Ph. D., LL. D., Professor of Comparative Philology and Sanskrit in Yale University. In six volumes. New York: The Century Company. 1890.

The fourth volume of this monumental work, embracing the letters M, N, O and P, has been issued. It will be seen that the work is making commendable progress. An adequate review of the book would require several pages; but that is unnecessary here, for the preeminent merits of the Century Dictionary are widely and generally known. It is, perhaps, the best praised work of the times, and richly deserves all the commendations that it has received. The work is, indeed, an honor to American enterprise, scholarship and culture, and stands confessedly at the head of lexicographical reference books, not in this country alone, but throughout the world. It is a royal presentation of our noble language; it does splendid justice to a great subject, and must be seen and examined to be appreciated fitly. Speaking of the first section of the work, at the time of its appearance, the *New York Nation*—eminent critical authority—said: "However high expectations may have been raised, no book-lover will open this section without a glow of pleasure. It is the handsomest dictionary that ever was made. . . . We close this paper with the general judg-

ment, that the work, thus far, meets all reasonable expectations, and when completed it will be the most comprehensive and satisfactory book of general reference yet produced—a book which every one will want."

Such is the general critical estimate of this superb work. The work will be comprised in six large quarto volumes, of about twelve hundred pages each—the size of the page being thirteen by ten inches. An advertisement, descriptive of the work, how to obtain it, etc., will be found in the advertising department of the JOURNAL.

Medical News Visiting List. Philadelphia: Medical News Co.

Contains tables for calculating date of confinement, comparison of metric and ordinary scales of weights and measures, urinalysis, incompatibles, artificial respiration, eruptive fevers, poisons and antidotes, new remedies and general dose table, and a therapeutic index, the latter compiled from Hare's Practical Therapeutics; also illustrated directions for ligation of arteries. An excellent and now well known Visiting List.

Diphtheria.

It is submitted that there is good reason for thinking that the diphtherial poison—when it enters the patient's body in an extreme dose—kills him outright (with the symptoms of malignant diphtheria) by paralyzing the heart, by its action on the vagus, in exactly the same way as an overdose of nicotine would do. In the heart-failure of blood poisoning there certainly are two ways at least whereby the weakness of the heart can come about; either the special poison acts on the nervous apparatus of the heart, or the state of the blood is so altered for nutrition that the muscular fiber of the heart gets feebler and feebler, and a time comes when it refuses to act at all—the heart stopping full of blood in diastole. The latter condition is probably the predominant cause of the asthenia of sapræmia: both possibly have some, but I think the former far the larger share, in causing stoppage of the heart in malignant diphtheria. And the ante mortem clots which observers have found in the

chambers of the heart in cases of diphtherial syncope are doubtless due to the weakened action of the heart, and would themselves serve as a fresh source of embarrassment.

Also, when smaller doses of the poison are taken (as in uncomplicated cases such as have been related above), a gradual depression of the heart's action takes place, due likewise to the action of the poison on the vagus, and death occurs by syncope. And, as would be the case in nicotine poisoning, whether death were brought about by one fatal dose or by several smaller ones, no appreciable pathological change has been found in the nerves in either malignant or the more ordinary cases of syncope in diphtheria.

Later on in the disease, indeed, in special persons (just as in lead or alcohol poisoning), but, as it is contended, simply as a *continuation* of the same process, this irritation of the vagi and other nerves produces definite traces of its presence by the inflammation of their branches. Lead poisoning affects generally nerves whose role is not the immediate preservation of life; luckily, perhaps the same remark will apply to alcohol poisoning in its more chronic forms, but when, as with diphtheria, a poison acts almost directly on the heart, it is obvious that many must get killed by it who would otherwise have suffered from diphtherial paralysis; in other words, that personal idiosyncrasy acts as much in determining the immediate or remote effects of a dose, as it does in making the person susceptible to the disease at all. And it is noteworthy in this connection that the paralysis is more common in adults and in those who have been hard worked mentally and bodily.—*Practitioner*.

Hysteria in Males.

In a communication to the *Archives de Medecine*, August, 1890, Dr. A. Souques reports thirteen cases of hysteria in men which he has seen in the Broussais Hospital. From an abstract of this paper in the *Bulletin Medical*, we learn that Souques thinks that hysteria in the male is by no means uncommon, that it is encountered frequently in ordinary hospital practice, and that it may be more frequent in the lower classes than hysteria in women. The patients he observed were from twenty to fifty years of age, and were nearly all working men, while some of them were in actual destitution. According to Charcot, such persons are more subject than others to the causes which sometimes

give rise to hysteria, such as traumatism, intoxications and infectious diseases. Souques found the cause of hysteria in his cases to be lead poisoning eleven times, traumatism three times, and once each syphilis, dysentery and alcoholism. But there must also be an hereditary nervous tendency.

The symptomatology of hysteria in males is variable. Often the onset is marked by an apoplectiform attack, more often, perhaps, by vertigo, dazzling sensations and a disposition to faint. Vertigo appears to characterize hysteria in the male very much as convulsions do hysteria in women. The most frequent motor troubles of hysteria in males are paralyzes, while anesthesia, limited by the median line of the body, are common. In general demeanor, a female hysterical patient is usually gay and lively, while a male is likely to be sombre and gloomy. Hysteria in males is a relatively mild disorder; and usually it terminates favorably. The motor troubles are the most rebellious, and the prognosis in regard to them should be reserved. The patient will probably recover, but it can not be said at what time. The possibility of relapses should be borne in mind.

The treatment of hysteria in males should be directed to both the hysteria and the provoking cause.

Those who feel interested in the subject of hysteria in men will be interested, we think, to know that Dr. Julius Dreschfeld has an excellent article, "On some of the Rarer Forms of Hysteria in Man" in the *Medical Chronicle*, October, 1890. Dr. Dreschfeld takes almost precisely the same view of the etiology of this disorder as does Souques—who appears to have adopted it from Charcot—and reports four cases which differ from those usually observed after shock and injury. The first two cases belong to the group known as spurious hydrophobia or pseudo-hydrophobia. They are similar to cases familiar to all who have made a thorough investigation of the literature of hydrophobia, and—aside from their intrinsic interest—would prove instructive to persons unfamiliar with the disorders which simulate hydrophobia.

The whole subject of male hysteria is one of great interest, and we think it is one in which there is still room for much investigation. The name is unfortunate; but until a better one is suggested it will have to serve to indicate what is now generally, but vaguely, understood by it.—*Med. and Surg. Reporter*.

Katharmon in the Treatment of LaGrippe.

BY W. L. FAULK, M. D.

The infectious catarrhal disease, LaGrippe, is an affection of foreign birth, but having been transported into America, has found congenial soil for its spread and growth.

The Russian plant transplanted here, readily takes deep root and suddenly becomes metamorphosed into a home product, thus fostered and nurtured by our climate, air, soil and water, grows apace, and in its development bids defiance to remedial measures, and to all such hygienic observances that have been hitherto adopted for its prevention, amelioration and cure.

The disease is beyond all dispute of bac-
teric origin; at times quite virulent in its action and tendency, and if allowed to run its course unchecked, will cripple functions and organs and prove destructive to all living tissues invaded by it. Like all other epidemic visitations, infectious in character, it occasionally assumes a mild form, but nevertheless complicates all existing diseases prevalent at the time of its coming. It is also productive of many disorders, *per se*, which during their evolution develop septic products which may be absorbed into the blood currents, carrying along with them contagion and poison to every tissue, nerve, muscle and organ in the entire body. It is in view of this fact, and of a practical experience extending over a period of many months, gained in the treatment of a large number of cases, that induces me to call to the attention of the medical profession my management of this particular infectious disease.

In the first place, I have almost invariably accomplished a definite result in its treatment by the persistent and continued use of the antiseptic compound, Katharmon, and believe that my success is largely due to the specific germicidal and alterative properties of the remedy. The compound has been employed by me to the exclusion of all other remedial agents, and a fair trial of it in each case has thoroughly demonstrated to me its merit and power over the lower order of vegetable organisms. I usually gave the remedy in teaspoonful doses undiluted, and continued the use of it at intervals of two or three hours or more, until the distressing symptoms and fetid discharges from the bowels were relieved. Occasionally I began the treatment with a mercurial or saline purge, and now and then would repeat the same, but or-

dinarily Katharmon was my chief reliance. The same course, varied to suit changing conditions, was pursued with children, save at certain times, when I would drop the remedy on the tongue of the child to overcome and allay gastric and intestinal irritation.

It is best, in giving the remedy to children, to prescribe it in a mixture of tulated syrup and water. Thus given, it will speedily check the diarrhea and painful griping incident to this disease in childhood.

In each and every case of either sex, in adult or child, when timely and rationally administered, was followed by good results, unless previous complications had arisen rendering a cure uncertain. In my treatment of seventy-five cases no unpleasant sequelæ or secondary effects followed the use of Katharmon, but all progressed to a favorable issue.

Idiosyncrasies, peculiar surroundings, and the various phases of each disease, always governed me in my employment of the remedy. Along with its internal use I frequently prescribed the antiseptic, to douche the anterior and posterior nasal surfaces, in the proportion of one drachm of the remedy to twelve ounces of warm water, and always derived good results from it. I regard Katharmon not only a valuable cleansing, antiseptic and germicidal agent, but a most potent alterative, useful in many pathological states and conditions. It is in my judgment through its alterative action that an impetus to nutrition is imparted, the destruction to the red blood corpuscles arrested, and a general increase in the functional activity of respiration and digestion is obtained.

Under its alterative action the blood current is purified, and thus improved goes to the tissues loaded with the necessary health-giving elements to reinvigorate all parts of the economy, thereby encouraging tissue repair and eliminating tissue waste. Katharmon is certainly a scientific and practical combination of time-tested remedial agents, imparting through their therapeutic action tonic, alterative, antiseptic, germicidal and healing virtues, toning up the system and neutralizing all products septic in their nature. The formula is published openly and entire to the profession, and the several ingredients comprising it, as well as the combining quality of each drug is honestly given, that the physician may determine for himself its therapeutic indication and the precise and necessary dose to each individual case.

Boils Microbous.

In May, 1879, a man working in the laboratory of Pasteur was troubled with boils, which reappear at short intervals on various parts of the body. Pasteur collected the pus from a number of these boils and sowed it in sterilized infusions, and each time a microbe, formed of little spherical points connected in pairs, and frequently united in clusters, was seen to develop. The cultivating liquid was sometimes infusion of fowl, sometimes of yeast. New observations were made upon other patients afflicted with boils, and each time the same parasite was found. He concluded that every boil contains an aerobic microbe, and to it are due the local inflammations and the formation of pus.—*Lancet Clinic.*

Special Notices.

The Indiana Medical Journal for 1891.

JOURNAL, one year, \$1.00; JOURNAL and an excellent Clinical Thermometer, \$2.00.

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JOURNAL, one year, and Hypodermic Syringe and Thermometer, \$4.00.

Any paid-up subscriber is entitled at any time to a thermometer by remitting \$1.00, or a syringe by remitting \$1.50.

If twenty-five cents extra is sent with the order, I will be responsible for the safe delivery of the instruments.

Remit by postal note, post-office order, or express order. Do not send local checks.

Address, DR. FRANK C. FERGUSON,
19 West Ohio Street, Indianapolis.

The Home-Maker and Indiana Medical Journal, One Year, for Two Dollars.

The Home-Maker, published at 22 East Fourteenth street, New York, is an illustrated monthly household magazine, conducted by "Jennie June" (Mrs. J. C. Croly), and a distinguished and able corps of collaborateurs. The journal of all the women's clubs in America. Contains choicest fiction, latest fashion, household work, how to do it; social usages, in the kitchen, poetry, correspondence, cooking receipts, home work for home-makers, art instruction, photography, wo-

men's clubs, club gossip, and record of their proceedings.

The subscription price of the Home-Maker is two dollars a year, but by special arrangement with the publishers we are enabled to offer it and the JOURNAL one year for two dollars. Now is the time to secure one of the best family magazines published for only the small sum of one dollar. The Home-Maker contains 64 double-column pages of choice reading matter. It is one of the best ladies' and family illustrated periodicals published. Send two dollars, and receive this superb magazine and the INDIANA MEDICAL JOURNAL one year.

Pure Volatile Eucalypti Extract (Eucalyptol).—It is not generally known that there exists only one firm—Sander & Sons, Sandhurst, Australia—that is manufacturing the pure Volatile Eucalypti Extract (Eucalyptol). To produce the genuine article, green leaves, three years old and complete in foundation, are required. (See *Das Eucalyptus*, Professor Hugo Schultz, Bonn.) Sander & Sons is the only firm which own factories for that purpose in Australia. Samples gratis through Dr. Sander, Dillon, Iowa. Mayer Bros. Drug Co., St. Louis, Mo., sole agents.

Hoff's Malt Extract.

The original imported Hoff's Malt Extract (Tarrant's) is the only Malt that ever received an award of merit in Germany. It received the Bronze Medal at the Hamburg Exhibition last year, and was awarded the first order of merit (a Silver Medal) at Melbourne, Australia. To prevent substitution, specify "Tarrant's" when prescribing Hoff's Malt.

The attention of our readers is called to the advertisement of Messrs. R. A. Robinson & Co., which appears in this issue of the JOURNAL. This house is one of long standing, and enjoys a reputation of the highest character. The preparations referred to, we commend specially to the notice of practitioners.

Ponca Compound.

Dr. D. J. Roberts, Nashville, Tenn., says: I have tried Ponca Compound, and was so well pleased with its action that I have since prescribed it in other cases with excellent results.

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Original Communications.

**SUPPURATION OF THE ANTRUM OF
HIGHMORE.***

BY L. C. CLINE, M. D., INDIANAPOLIS.

Clinical Lecturer on Diseases of the Throat and Nose,
Medical College of Indiana.

The cavities of the bones of the face and skull which communicate with the nasal passages are the antrum of highmore, the ethmoid, sphenoidal, and the frontal sinuses. Of these cavities the antrum, owing to its size, situation, and its relation to the nasal cavities and the teeth, is more frequently involved in the suppurating process than any of the rest.

What I shall have to say in this brief paper will be confined to disease or suppuration of these maxillary sinuses. The cavities become involved principally from two sources, viz., dental complications and hypertrophic rhinitis. The inflammation does not extend into the antrum by continuity, but probably by the hypertrophy and turgescence of the nasal membrane, producing stenosis or complete occlusion of the opening, thus causing hyperemia of the mucous membrane of the antrum, resulting necessarily in an increase of secretion, which accumulates and eventually degenerates and causes a purulent discharge; for it is generally conceded that a catarrhal secretion in a closed cavity will, sooner or later, give rise to a discharge of pus.

The symptoms of an acute or recent case are pain and tenderness, with a sense of weight and fullness over the antrum and a pressure up against the eye, with slight hy-

peremia of the ocular conjunctiva. If due to dental origin, there will be slight pain on pressure of the corresponding teeth. When due to occlusion of the orifice from swelling of the turbinates, there is nearly always severe neuralgic pains, accompanied by more or less swelling and tenderness of the face in the region of the antrum. The pain is usually worse in the morning, and will be increased by stooping or lowering the head.

The formation of pus is announced with a chill followed by fever, and if the closing of the opening of the antrum be due to turgescence or swelling of the turbinate bodies from cold, the symptoms may all subside in a few days, and the inflamed membrane will return to its normal condition; or the purulent discharge may continue in a less quantity indefinitely and all the acute and painful symptoms subside.

If the opening of the antrum with the nasal cavity remain free, as in the case of dental origin, the pus finds its way through the opening, and may produce by its constant irritation an obstinate turgescence of the turbinate bodies and occlusion of the nasal passages. The pus is usually discharged at intervals during the day, viz., on rising in the morning and in the afternoon, and when stooping.

It is thought by some that when the pus has a dental origin, it is more offensive than when it is due to colds. The diagnosis is not difficult, as a rule, in the recent or acute cases. The history coupled with pain referable to the antrum and side of the face, together with the discharge from one side, will determine the diagnosis.

If the case is chronic, a careful inspection of the nose will result in finding pus on the anterior and inferior part of the middle turbinated body; or a drop may be seen protruding between the middle and inferior tur-

* Read before the Marion County Medical Society, November 11, 1890.

binated bodies posteriorly, which when wiped away, in either position, can be made to reappear by changing the position of the head or pressing on the walls of the antrum. The discharge of a straw-colored pus from one side of the nose is always strong evidence of a diseased antrum.

Voltolin's method, as improved by Heryng, is of great value in these cases. It consists of an incandescent lamp placed in the mouth, over which the lips are closed. The patient being placed in a dark room, the bones of the face become beautifully illuminated. A dark shade will outline the situation of the antrum. If the antrum contains pus it will be outlined by a dark spot and a total absence of any illumination—a marked contrast to the opposite or healthy side.

A very simple and efficient method of diagnosis is to inject a few drops of peroxide of hydrogen with a small syringe, armed with a canula, one-eighth of an inch of the distal end being bent at right angles, so as to enter the opening of the antrum. The nose should be well cocainized to avoid pain. If pus be present, it will boil up and fill the nose with a white foam. By using this method, an exploratory puncture will be unnecessary in the majority of cases.

After we have determined that the antrum contains pus, how shall we get rid of it and cure our patient? There are several methods of treatment, but I will only give what I believe to be the best. In recent cases there may be an effort made to restore the antrum by first relieving the swollen and turgescient condition of the turbinates; then follow with injections of peroxide of hydrogen, as before stated, passing the point of the syringe back about half way between the middle and inferior turbinate bodies. This may be followed by light astringents such as—

Zinc sulph., 3 to 5 grains to the ounce.

Silver nitrate, 3 to 10 grains to the ounce.

Sat. solution of boracic acid.

Borax or listerine, or a weak solution of the tincture of iodine.

When the case is chronic, there should be an opening made at the most dependent portion of the sinus. My practice has been to drill up through the alveolus with a drill, run by an electro-motor, and then inserting a silver tube, made from coiled wire. Some prefer entering the antrum in the same way, just below the gingio-labial fold, between the upper portion of the roots of the second bicuspid and first molar tooth, directing the

drill upward and backward at an angle of forty-five degrees.

In either case the opening should be of sufficient size to admit of free cleansing and washing out of the antrum. A tube of sufficient length to enter the antrum should be neatly fitted, and guarded from entering the antrum by a shield of rubber or wired to the adjoining tooth.

The after-treatment consists of daily, or twice daily, washing out the cavity, first with peroxide of hydrogen (commercial strength), followed with a slightly alkaline or carbolicized water in quantity sufficient to thoroughly cleanse the cavity. Then, every second or third day inject a sufficient amount to thoroughly cover the surface, of one of the following solutions, as the case may seem to indicate:

Sat. solution acid boracic, 5 to 20 drops of tinc. of iodine to 2 drachms distilled water.

Sulph. zinc, 3 to 10 gr. to the ounce; nitrate of silver, 10 to 20 gr. to the ounce.

Iodoform, 20 gr. to an ounce of the oil of sweet almond.

Of these I like the boric acid the best.

Of nine cases that I have treated during the last year, six of them, I am certain, came from hypertrophy and occlusion of the maxillary sinus. The other three were of dental origin. In all but one I opened the antrum through the alveolus.

TREATMENT OF FRACTURE OF LOWER END OF THE RADIUS, IN INDIANA.

BY WALKER SCHELL, M. D., TERRE HAUTE.

In the treatment of fracture of the lower end of the radius, there is one method vastly superior in its results to any other. Its superiority has been many times demonstrated. It is the method used almost exclusively in the counties of Monroe, Morgan and Owen, Indiana. The physicians of this section do not claim any originality in the use of the method. They do claim, however, the merit of being pioneers in the reform.

In the year 1878 I reduced my first fracture in this situation by a reversal of the steps of its production, and applied a roller bandage for a few days, in order to limit the exudation from torn tissues and vessels. I early instituted passive movement and massage, in accordance with the teachings of my father, a practitioner in this field of forty years' faithful labor. Massage, passive mo-

tion, and the good influence of the bandage, have been a hobby with him during his whole professional life. He is also an enthusiastic advocate of the application of cold to fresh injuries, especially with bruises and sprains. These methods of treatment are now universally accepted, but were in use by him when not generally endorsed by the profession, and not in favor with the laity.

He also reduced this fracture by carrying the hand and lower fragment well back, and then applying direct pressure to the lower fragment, when it was easily reduced. In the matter of retention he usually followed the popular custom of applying splints, although much doubting their value, and frequently removing them to carry out his peculiar views of massage and passive motion. The bulk of the profession followed the method of treatment similar to that adopted by my father.

Of late years the profession of these three counties has been much indebted to the culture and skill of Dr. H. G. Robinson, of Martinsville, Ind., for many reforms in the treatment of this fracture. He was a student under Pilcher, and also himself a student of this fracture. He adopted the Pilcher method of reduction, and discarded the bandage and splints. This he did in the face of much opposition, but his results were so superior as to meet with the cordial support of the profession. A few years ago, at a tri-county meeting held at Gosport, Ind., Dr. Robinson gave a triumphant demonstration of the value of his method, and his treatment was indorsed by all the profession present. When once properly reduced there is no tendency to displacement, and the less the limb is encumbered with splints and useless dressings the better.

This fracture is produced by a fall upon the hyper extended hand, and this has always been the first step with me in my efforts at reduction. By hyper-extending the hand and the lower fragment which is carried with the hand, it is astonishing how easy reduction is effected. The results secured by this means are almost perfect, and I have had frequent reason to congratulate myself that I did not follow the old methods, and the methods now usually taught in our text books on surgery. I have usually employed a two-inch adhesive plaster to steady the ulna and limit the spreading of the wrist-joint, which in some cases has added considerably to the apparent deformity.

I have always instituted passive motion

early in these cases. I put the hand through all its movements, and as complete as is usually possible to the sound member; and I have a special exercise for every finger, and also move the tendon of every muscle attached to the wrist, hand and fingers. This method of treatment has so far always given me a good result. The bad results which I have seen have occurred in cases whose reduction was effected by the old method of extension and when splints were applied as usual for four or six weeks. These cases usually result in much deformity, giving the surgeon a bad reputation for skill, and I have known suits for malpractice to follow this method of treatment. I am satisfied there are some localities where the results are so good that suits will not be known, and where the profession is a unit as to the value of a given treatment.

Correspondence.

Letter from Philadelphia.

Editor Indiana Medical Journal:

Since Philadelphia has not received much attention at the hands of medical correspondents, I thought something from this ancient center of medical teaching might be of interest to your readers, who, for the past few years at least, have had a feast of medical and surgical delicacies from New York.

One of the first things that strikes the observer in this city is the immense predominance of abdominal over general surgery. This is due, not so much to its greater importance, *per se*, as to the character and success of the men who are recognized as leaders in this department of the healing art. Thomas G. Morton, J. B. Deaver and W. W. Keene are about the only ones actively engaged in teaching general surgery, who, by their operative skill, boldness and originality, at once attract the attention of the surgical pilgrim. Keene teaches surgery at the Jefferson Medical College and the Orthopedic Hospital, and has made an international reputation by his boldness and success in brain surgery, a branch of the subject which his great knowledge of anatomy happily qualifies him to pursue. He has lately made two craniectomies for microcephalus, an operation borrowed from Lanelongue, of Paris. The operation, the second of which I saw him perform, consists in removing a narrow

segment of bone from the cranium about one-half inch from the median line, or sagittal suture, and extending from the middle of the frontal bone almost to the transverse sinus in the occipital. The periosteum is removed along the line of section in the bone, and the wound in the skin, made exactly in the median line, closed with sutures. The theory of the operation is, that pressure on the pent-up brain being thus removed, the organ has a chance for gradual development. The future alone can determine whether this is humane vivisection or scientific surgery, though all must admit that the operation is experimentally justifiable to a limited extent.

Thomas G. Morton has been on the staff of the Pennsylvania Hospital for twenty five years. He is a great favorite with the students who attend the surgical clinics at that place, and justly so, for as an operator he may have his equals but certainly he has no superior. Rapid, bold, accurate, skillful, graceful, he is at the same time the despair of the young, and the envy of the old surgeon. His special claims to the attention of the surgical world are his additions to our knowledge of appendicitis and its surgical treatment, and surgical treatment of club foot, especially that variety known as equinovarus, in which the astragalus is distorted and displaced with great eversion of the foot. He removes the astragalus, cuts the tendo-Achilles and the plantar fascia. His results are certainly remarkable enough to justify his claims.

John B. Deaver is quite a young man, but as an anatomist he has no superior, if an equal, in Philadelphia. He is demonstrator of anatomy at the University, and is on the staff of the German Hospital, where he holds a clinic every Saturday. His special line is genito-urinary surgery. He is an enthusiastic disciple of Otis, and deals with most cases of stricture by dilating internal urethrotomy. He is a good lecturer, an elegant and successful operator, and ought to be the teacher of surgery in the school where he now teaches anatomy.

One of the strangest things noticeable here is the attitude of the profession on intubation. Whether it is Philadelphia's Quaker conservatism, or because it was invented by a New York man, it is hard to say; but Dr. Montgomery and Dr. Max J. Stern are about the only men in the city who appear to know anything of the subject practically, or who

discuss it favorably from a theoretical standpoint. Dr. Stern read a very able paper on the subject before the International Medical Congress, and Dr. Montgomery never misses an opportunity to push the claims of the new procedure. The rest of the profession whom I have interviewed, numbering some fifty or more, do not consider it entitled to much confidence as compared with tracheotomy.

But it is when we come to abdominal surgery that Philadelphia challenges the admiration of the civilized world. There are a number of men here who are doing excellent work—Goodell, Hoffman, Baldy, Montgomery. But the man who, by common consent, rises grandly above them all, who by the immense amount of work already done, the daily increasing amount he is doing, his wonderful, almost miraculous results, his great certainty and accuracy in diagnosis, his marvelous rapidity and skill in operating, equaled by few, unsurpassed by none, is Joseph Price. He is the Lawson Tait of America, and when I say this, I pay Tait as great a compliment as I do Price. He has already made nine hundred abdominal sections, cases not selected, with a mortality of only twenty-seven in the nine hundred, or three per cent. His work, if nothing else, has utterly demolished the old theory of pelvic cellulitis, with exudation lumps of plastic material about the uterus. He has demonstrated near a thousand times, and is daily demonstrating to visiting physicians, that all such conditions are neither more nor less than the primary and secondary results of tubal and ovarian disease, to be cured by abdominal section alone. Neither this man nor his work and teachings are so well known as they should be in Indiana. For this reason I can do no better than to take up a large part of the remainder of this letter by a discussion of Price, and what his operating-table discloses.

In his abdominal work he is a most punctilious martinet on the subject of asepsis, but he scoffs at antiseptics, and says they only give the surgeon a false sense of security, and lessen the care by which absolute surgical cleanliness is secured. His whole system may be comprehended in—

1. Absolute and perfect surgical cleanliness, secured by hot water and soap for the hands, then alcohol; boiling water for instruments and ligatures.

2. A small incision, with the introduction of but two fingers into the abdominal cavity, and breaking up adhesions with the fingers.

3. Thorough irrigation of the abdominal cavity with hot water, whenever any manipulations within the walls have been necessary.

4. Perfect drainage by means of a glass tube inserted to the bottom of the cavity, and brought out at the lower angle of the incision.

5. Careful and accurate closing of the abdominal opening with silkworm gut sutures, followed with a careful abdominal dressing, covered in by a tight many-tailed flannel bandage.

6. No morphia, but saline purgatives to relieve pain.

I have not relied on hearsay for these details, nor for results. I have been here four weeks, and have had every opportunity to observe his work, examine the patients before they were operated upon, and observe them afterwards. Since I have been here, he has made from one to two sections a day, the operations including three extra-uterine pregnancies, one exploration of the liver, one anastomosis of the transverse colon, and one supra-vaginal hysterectomy. The remainder were for double and single pyosalpinx, some complicated with ovarian abscess, and some of the patients suffering at the time of operation from severe peritonitis—a result of tubal rupture or the leakage from an ovarian abscess. I have seen most of these cases in a few days after operation, and found them free from fever, cheerful, no pain, able to breathe easily and deeply, with bright eye, clean tongue, good pulse, and excellent appetite. This condition has been the universal rule, and a rule without exception.

To show the absolute indifference which he shows to anything like a selection of cases, I shall detail a few that I have seen operated upon. This will give a clear idea of the great difficulties overcome, and show plainly his manner of dealing with complications.

CASE 1. Double pyosalpinx. Through an incision in the median line, just large enough to admit two fingers, both the ovaries or ovarian remains and the left tube were removed. The right ovary was completely destroyed, so far as an individual differentiated structure of the body is concerned. Occupying its place was an ovarian abscess, having for its limiting walls the ovarian envelope, and containing about a half pint of thick greenish-looking pus, which, as the pus-sack was being disengaged from its adhesion, gushed out through the abdominal incision and flowed over the hand of the operator. The pus-

sack was adherent to the bowel and omentum for a length of twelve inches. These adhesions, although very firm, were broken up with the fingers, and examining the bowel for any possible injury it was returned within. The right tube was thickened in its walls, and although containing no pus yet it was so extensively and so firmly adherent to the sigmoid flexure of the colon, which was drawn over toward the right side, that it was impossible to remove the adherent tube without great danger of tearing the bowel in two. The left ovary was normal in appearance, but was adherent to the tube, which was as large as a banana, was six inches in length, had its fimbriated extremity obliterated, its walls thinned, and its dilated cavity filled with thick, stinkingly offensive grumous pus, which on the slightest pressure oozed from the distended and thin-walled tube through a small aperture in one of its sides not far from its distal extremity. The entire operation occupied but forty-five minutes.

CASE 5. Patient suffering from an active circumscribed peritonitis from leakage of a pus-tube; had refused an operation a week before because she thought she was better, but her sufferings under a second attack were so great that she demanded relief "at any cost." Upon opening the abdomen by the usual incision, the omentum was found adherent to fundus uteri and to the right ovary and tube. Appendages on the left in normal condition and not disturbed; the right ovary and tube were removed. The tube walls were enormously thickened, enclosing two strictures, and each cavity shut off by the strictures containing pus. There was a small rupture at the pavillion extremity from which pus in small quantities was escaping. The intestines were matted together down in the right side of the pelvis, and adherent to the ilium was a small abscess, which was torn open during the process of enucleation, the pus being removed by sponging, and the part of the abscess wall remaining attached to the bowel was cut away with scissors.

CASE 23. This case was doubly interesting to me because I examined her before the operation, and made a diagnosis of left pyosalpinx. Upon opening the abdomen, it was found to be an extra-uterine pregnancy of about six weeks' duration. The rupture of the tube had occurred near the fimbriated extremity, and the tube was filled with clotted blood and placental debris. Around the tube, lying loose in the pelvis, was a pint of

blood clots. The tube and contents were removed by tying off close up to the uterus.

These cases are only submitted as typical ones. Some of the series operated on in my presence were worse than these, and others not so bad; but all showed pus, with destruction of the functional integrity of the tube, or of both tube and ovary.

These cases, so far as they go, show idiopathic peritonitis to be a myth, primary cellulitis the phantasmagoria of false diagnosis, made always from the standpoint of the physician or electropod, and far, very far from the operating-table. Para- and perimetritis must, under the glare of the fierce light that now streams from the operating-tables of all the great abdominal surgeons, sink into "innocuous desuetude." The ancient lumps of plastic exudation at the vaginal vault to be softened and melted away, "like snow in hot sunshine," under the warm influence of copious vaginal irrigation at bedtime, or thawed out and dissipated under the tickling process of an electrode at the *locus in situ*; the boggy fullness around and posterior to the cervix to become absorbed under the stimulus of Churchill's tincture painted around the os, and fortified by tampons of boiled glycerine, prove, under the surgeon's knife, to be distended pus tubes, ovarian abscesses, agglutinated intestines, adherent omentum, or extra-uterine pregnancy.

If there are doubting Thomases, after reading this, let them come and see for themselves. He invites observation, and gives visiting physicians every opportunity to observe his work, and he encourages honest criticism. He is frankness itself, and combines the *suaviter in modo* with the *fortiter in re* so perfectly, that I am constrained to say that he has, metaphorically speaking, the smallest head with the biggest reputation of any man it has been my good fortune to meet for many a day. The uniform results that follow his work are largely due to the able assistance of his brother, Mordecai Price, an abdominal surgeon with near a hundred sections to his credit, and whose skill and good judgment are hardly surpassed by Joseph Price himself.

The Polyclinic and School for Graduates in Medicine are moving into their new building this week. They have just completed a magnificent structure, especially arranged for post-graduate instruction. This puts them into the best quarters, and gives them the best facilities of any such school in this coun-

try. The building is modeled after those of Europe, where post graduate teaching has long been a success. There are three young surgeons to whose tireless energy and great executive ability the success of the Polyclinic is almost entirely due—Dr. Thomas S. K. Morton, Dr. John B. Roberts and Dr. S. Augustus Wilson. These men are among the rising surgeons of this city. The school, as it is, may be said to be strong in everything except gynecology. They have a very weak man at the head of this department, and whose only idea of teaching seems to be to get as much money out of all who take his ticket as he can, and give them as little as possible in return.

The department of the ear has a most excellent teacher in Dr. B. Alex. Randall; and Dr. E. P. Davis, who is also editor of the *International Journal of the Medical Sciences*, gives a course in Pelvic and Operative Obstetrics on the manikin, that is fully equal to anything given in New York City.

The school in its new quarters will no doubt improve very greatly during the next year, and as soon as they fill the chair of gynecology with a good man, the facilities here will be superior to anything this side of Vienna. In my next I shall write up the other schools and the physicians.

W. H. LINK, M. D.

Philadelphia, Dec. 27, 1890.

Tannic Acid as an Intestinal Antiseptic Remedy.

Prof. Cantani has written, in the *Wiener Medizinische Blätter*, of his therapeutical trials of tannic acid in intestinal diseases. He has found it, in one third, one half, or even in one per cent. solutions, acting a useful part as an antiseptic, as it hinders the vegetative activity of the microbes and renders innocuous many of the poisonous ptomaines. In diarrhea and dysentery, therefore, tannic acid becomes an important disinfectant as well as astringent remedy. Mosler also reports that this drug is very beneficial in typhoid fever, particularly for removing the symptoms of meteorism and diarrhea. Antiseptic solutions are best introduced by enteroclysis [injections into the colon], the fluid thus administered having been proved, by the subsequent vomiting of some of it, to reach not only the whole length of the intestines, but even to the stomach.—*N. Y. Med. Jour.*

The Indiana Medical Journal

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A NEGRO "DOC" APPOINTED ON THE EXAMINING BOARD FOR PENSIONS IN INDIANAPOLIS.

The JOURNAL is not a partisan paper, but occasionally politics trends so closely upon the interests of the profession and the welfare of the sick, that our readers will excuse us for entering a solemn and vigorous protest against the appointment by President Harrison of an incompetent negro, S. A. Elbert, said to be a physician, upon the Examining Board for Pensions in this city, displacing Dr. R. F. Stone, the ablest physician on the Board and a veteran Union soldier. This appointment is, to say the least, an outrage upon common decency, and an insult to every soldier residing in Indiana and every reputable physician of Marion county and the State.

If Elbert were a physician of eminence or marked ability in any department of medicine, there might be some word said, by the administration, in extenuation of the act reflecting upon the ability of no less than five ex Union soldiers, now reputable physicians, who were applicants for position upon the Board at the beginning of this administration. But such is not the case. This negro

"doc" does not approach mediocrity in medical attainments, and it is doubtful if he could give the origin and insertion of one muscle in the human body.

The appointment is an inexcusable, indefensible and disgraceful blunder. From among two hundred physicians of this city and county, many of whom are men of marked ability in the profession, the little General is unable to select one who can do honor to the place, himself, the appointing power, and the G. A. R., so he is constrained to select one of the two sable followers of Esculapius. The purpose of the appointment is apparent to the most obtuse; yet it remains to be seen whether this Ethiopian "doc" can wield a political influence which will overbalance that of the two hundred physicians of Indianapolis, the five thousand physicians of Indiana, and the thousands of veteran soldiers who are held in contempt by this administration, and compelled to submit their claims for pensions to the judgment of an incompetent negro doctor.

The various Boards of Examiners for Pensions were created by the government for the purpose of fairly adjusting the claims of wounded and diseased soldiers, and it was intended that they should be composed of the very best medical talent available, in order that justice might be done to both soldiers and the government. But it has remained for Benj. Harrison to not only violate his pledge made to the soldiers, during and after the campaign of 1888, viz., that that section of the revised statutes making it obligatory—other things being equal—to appoint soldiers to places of remuneration under the government in preference to civilians, should be enforced, but he has deliberately, with this promise still fresh upon his lips, prostituted the office of Pension Examiner to the basest political purposes, unmindful of his sacred obligations to the Union veterans and their interests, the claims of comradeship, and the sanctity of his oath of office.

We do not believe there lives a soldier in Indiana who is so lost to self respect as to pre-

sent himself before the Indianapolis Board, as now constituted, for examination; nor can the other members of the Board preserve their dignity, self-respect, and the respect of the profession, in any other way than by resigning.

At the stated meeting of the Marion County Medical Society, January 20th, there being forty members present, the following resolutions, presented by Dr. Frank Ferguson, were unanimously adopted:

Whereas, The various Boards of Examiners for Pensions were created by the government for the purpose of fairly adjusting the claims of wounded and disabled soldiers; and

Whereas, It was the intention of the law that these Boards should be composed of intelligent and reputable physicians, in order that justice might be done to both the soldiers and government; therefore,

Resolved, That the recent action of the President of the United States, in removing from the Board of Pension Examiners of Indianapolis an honored member of this Society and a veteran Union soldier, in order to give place to one who is not, and who never has affiliated with the profession, and who does not possess the necessary qualifications for the important trust thus committed to his hands, is a base and inexcusable prostitution of the office of Pension Examiner to partisan purposes and an insult to every reputable physician in this city and State.

Resolved, That the Secretary is instructed to forward a copy of these resolutions to the President of the United States and to the daily papers of this city.

Koch's Lymph.

It is quite interesting to note the course of reasoning and experimentation by which Dr. Koch arrived at his conclusions relative to the cure of tuberculosis by inoculations. He observed that bacilli growing in living tissues produce substances which unfavorably influence the tissues in which they develop and those immediately adjacent. These products of development—or at least one of them—when present in sufficient concentration, destroys living protoplasm, so that the circumjacent tissues become necrosed and unfitted longer for a culture field for the bacteria. Koch reasoned that if it were possible to produce this substance, and inoculate animals with it, immunity would be produced. Cultures of bacteria were made, not, as we

understand, for the purpose of securing attenuations, but in order that the culture-media might become charged with this or these substances described above. The media being charged with the development-products of the bacilli, the bacilli and their spores are destroyed by the application of a prolonged low temperature or a boiling heat. Whether Koch uses glycerine as the culture-media, or as a diluent of the media, he does not state. He says:

Anything, therefore, intended to exercise a healing effect on the tuberculosis process, must be a soluble substance which would be lixiviated to a certain extent by the fluids of the body floating around the tubercle bacilli and be transferred in a fairly rapid manner to the juices of the body, while the substance producing suppuration apparently remains behind in the tubercular bacilli or dissolves, but very slowly. The only important point was therefore to induce outside the body the process going on inside if possible, and to extract from the tubercular bacilli alone the curative substance. This demanded time and toil until finally I succeeded, with the aid of a forty to fifty per cent. solution of glycerine, in obtaining an effective substance from the tubercular bacilli. With the fluid so obtained I made further examinations on animals, and finally on human beings. These fluids were given to other physicians to enable them to repeat their experiments.

The remedy which is used in the new treatment consists of a glycerine extract derived from the pure cultivation of the tubercle bacilli. Into the simple extract there naturally passes from the tubercle bacilli, besides the effective substances, all the other matter soluble in the fifty per cent. glycerine. Consequently, it contains a certain quantity of mineral salts, coloring substances and other unknown extractive matter.

Death from Chloroform Anesthesia.

Unfortunately a death from chloroform occurred in private practice in our city on the 15th ultimo. The attending physician, without the help of another physician, administered the anesthetic for the purpose of opening a mammary abscess. Before he began to open the abscess, and, as we understand it,

before the anesthesia was complete, the patient ceased to breathe. Other physicians were summoned and artificial respiration was kept up nearly two hours, but without restoring the patient. The heart's action, though rapid and feeble, continued for more than an hour after the lady ceased to breathe. This sustains the conclusion of the Hyderabad Commission that the respiration fails before the heart in chloroform narcosis. In this connection we wish to state—

1. That the administration of an anesthetic by a physician for any purpose whatever, except in obstetrics and cases of emergency, without the presence of another physician, when such can be procured, is to be condemned.

2. In a large city like Indianapolis, where the services of an expert in anesthesia can always be procured, the physician who does not avail himself of such services should be held to a strict accountability for any disastrous results that may occur.

3. The administration of a general anesthetic, for the purpose of opening a mammary abscess, is wholly unjustifiable.

4. In view of the above unassailable propositions, the death of the above patient should not be attributed to an unavoidable accident, from the necessary and skillful administration of chloroform.

Dr. Bartholow's Successor.

We notice that Dr. Albert P. Brubaker, a graduate of the Jefferson Medical College, class of 1874, has been selected as instructor for the remainder of the term, to fill the chair of *Materia Medica*, General Therapeutics and Hygiene, made vacant by the retirement of Prof. Roberts Bartholow. This temporary appointment is wise for several reasons, one of which is that it affords time to ascertain whether or not Prof. Bartholow will be able to resume work after a little rest and recuperation, and judging by his vigorous letter to the *Am. Practitioner and News* that time is not far distant. Prof. Bartholow says:—

"Now, let me assure you, and all others having any interest in my affairs, that I am not broken down either mentally or physically, and never was in a condition better fitted to discharge my professional duties or my professional work. Those who have been willing to do me good, as if by violence, had not only a friendly interest in my welfare, but other interests, probably, to be subserved by my retirement."

"It is to be hoped that Time, who always deals in a faithful manner with Truth, will in this instance also bring the real facts to light, and show that Dr. Bartholow is *not* 'incapacitated' for the performance of his duties in Jefferson Medical College."

Collodion Dressing.

Gottheil (*Inter. Jour. Surg.*) thus describes the method of applying the collodion dressing in minor surgery: The wound having been thoroughly cleansed and aseptized, the surrounding skin from one to two inches is treated in the same manner. If the part is a hairy one, the same area must be cropped, or better shaved. Whatever in the way of sutures may be necessary, is now applied; and after another cleansing, iodoform or iodol is dredged fairly thickly over the wound. A very thin layer or "fluff" of absorbent cotton is now applied. It should stretch about half way from the wound to the border of the surface which has been prepared for the dressing. With a camel's-hair brush the flexible collodion is put on the cotton, which is brushed down, as it were, upon the wound. The thin cotton layer melts down; in a moment the collodion has set; it adheres firmly to the surface of the wound and to the skin; and your wound is covered. Layer after layer of thinly spread absorbent cotton is now added, each one overlapping its predecessor slightly, and taking firm hold of the skin. When the last layer is applied, you have an absolutely perfect dressing. Your wound is hermetically sealed.

Treatment of Diabetes.

Two new and apparently successful methods of treatment for diabetes insipidus and diabetes mellitus are given in a translation of an article by Dr. Dujardin-Beaumetz, in the *Cin. Med. News*:

1. Treatment of diabetes by the solution of hippurate of lime: Dr. V. Poulet calls attention to three cases he treated successfully with no more medication than three tablespoonfuls a day of basic solution of hippurate of lime, to which is added forty centigrammes of saccharine per litre. Each tablespoonful containing one gramme of active principle; this treatment being helped by the observance of the classical diet and Vichy water.

2. A case of diabetes mellitus rapidly cured by subcutaneous injection of ergotina, without any modification in the alimentary regimen: January, 1890, Dr. Laurens was called to treat a woman forty-five years old, suffering since 1888 with diabetes mellitus. The doctor says: Prescription.—Change nothing in diet, take two or three glasses of Vichy water every twenty-four hours, and every morning subcutaneous injections of ergotina (solution of Tanret). February 18th.—The injections at the dose of four drops were made regularly, increasing of one drop every other day, to stop at seven drops. The thirst and polyuria diminished little by little. On the 26th of February, the polydipsia disappeared; the general health was excellent. The solution of ergotina being exhausted, the patient would not continue the injections. I recommended not to interrupt the alkaline drinks, which were continued till May 15th. The health is now excellent. I consider the cure as completed.

Muriate of Ammonia in Pneumonitis.

The utility of muriate of ammonium in pneumonitis is, we believe, both rationally and empirically demonstrated. That in all diseases in which there is a considerable inflammatory action there is an excess of fibrin

in the blood, is, presumably, granted. No drug or chemical of a non-toxic character is so potential a defibrinator of the blood as muriate of ammonium. We believe, as the Germans, that if the fibrin of the blood be reduced to or below the normal quantity, there can be no further hepatization of the lung. Hence, one element of treatment to which other measures are secondary, is the administration of muriate of ammonia in pneumonitis.

The Production of Immunity to Infectious Diseases.

It appears from what Sir Joseph Lister saw, through the courtesy of Koch, that some researches are being carried on in the Hygienic Institute of Berlin, looking to the production of immunity to two of the most virulent infectious diseases to which man is exposed. This is not the lymph treatment, and Sir Joseph is not at liberty to give any details, but he states that he saw these diseases cut short in the animals operated upon, and these same animals were rendered incapable of taking these diseases under the test of the most potent inoculations. He alleges that these effects are produced by the injection under the skin of a small quantity of an inorganic chemical substance as easily obtained as any other article in the materia medica. If the same effects are produced in man, the world will shortly be further startled by the brilliancy of Koch's genius.

The Other Side of the Question.

Dr. I. B. Washburn, Rensselaer, Ind., writes the JOURNAL as follows:

The January number of the JOURNAL contains a short article commending the Randolph County Medical Society, in resolving against the practice of the county commissioners letting the poor practice to the lowest bidder, and in favor of amending the statute so that township trustees, instead of commissioners, shall procure medical service for the poor. Great men differ about small things; perhaps this is one instance.

The contract physicians are amenable to the county board, and in many counties they are required to give bond for faithful fulfillment of contract. The poor have as good service, as a rule, as if they chose physicians for themselves, for the reason many physicians say "anything is good enough for a pauper," or, as some put it, "a d—d pauper;" and they treat them in a careless and indifferent manner. I have known more than one such instance. If the trustees were to "O. K." bills to the commissioners, the cost to the county would be very much greater—or it was in this county fifteen years ago.

The practice cost more, because every person who was slow pay was placed upon the list of county patients. If a physician had nothing of importance to do, and the weather was fine, he could visit his chronic pauper cases, and thus increase his bill, whether the patients needed such attention or not.

I believe the contract method is as good, if not better, than any other.

As to the second resolution, to change the statute so the township trustees, instead of the commissioners, shall procure the medical service for the poor. I think that would cause trouble in every township in the State, as every doctor or clique of doctors would strive to have some friend elected who would work for his or their interests, to the detriment of other public interests. Instead of ninety-two "rackets," we would have about one thousand township jangles over the poor practice, to the disgrace of the profession.

An editor of a Philadelphia medical journal once said, "the meanest man always underbids." I suppose he bid and "got left," and then said that to "get even" with his successful rival. The old adage that "the stream does not rise higher than the fountain" is true, and doctors are no better than other people, unless they do better.

The place to begin the reform is back of the statute. Let none but honest men become physicians. Of course that would lessen the number, but the quality would more than make up for the quantity. The public and profession would both be benefited.

The Senate has confirmed the appointment of Dr. Charles Sutherland to be Surgeon-General of the U. S. Army. Dr. Sutherland is a native of Pennsylvania, and has served in the army thirty-eight years.

NOTES AND COMMENTS.

Succi, the Italian faster, has completed his fast of forty-five days. He lost forty-two and one-half pounds during the fast.

Lepers in Madras are being treated with Koch's lymph. The reaction is said to be marked. Neumann of Vienna, and Cheyne of London, report good results from its use in leprosy.—*Times and Reg.*

Our associate, Dr. Theodore Potter, went to New York early in January, upon invitation to assist in the investigation of the Koch treatment of tuberculous diseases. It is probable he may have something important to say to the readers of the JOURNAL relative to his experience. Dr. Potter, who is a very conservative man, has hopes founded upon the Koch treatment, though he expresses them very charily. We trust that Dr. Potter will return prepared to manufacture the lymph, now that Prof. Koch has made its composition public. We know of no man in Indiana, to whom the production of pure cultures of the bacilli of Koch could better be intrusted than to Dr. Potter.

The retirement of Professor Bartholow has caused regret among all truly sympathetic men who know him either personally or through his work. In view of the letter Dr. Bartholow has written to the *Amer. Practitioner and News*, we confess that we have strong hope that much of his mental decrepitude may have place in the minds of those who have an interest, direct or indirect, in his retirement. We do not mean to impugn the motives of the Board of Trustees of the Jefferson Medical College, for they seemed loth to give Dr. Bartholow up, and asked him to take time for rest and recuperation. However, their action in declaring his chair vacant upon his declining to take a vacation, is evidence that they were persuaded that his powers were declining. This action, if there should be a mistake as to his mental "incapacity," will work Dr. Bartholow great damage in his professional career.

Dr. Draper (*Brit. Med. Jour.*) says:—"In the course of a general practice, extending over many years, I invariably carried a bottle of vinum ipecacuanha in my midwifery bag, and rarely, if ever, gave a dose of ergot in the first stage of labor. Time after time on coming to a confinement case where the pains have been feeble and inefficient, or had totally ceased, two or three 10 or 15 minim doses of the wine, at intervals of ten minutes, have been followed in a surprisingly short time by energetic uterine action, with a rapid termination to the labor. It never produces the quasi-tetanic contraction so often met with as the result of ergot, the pains continuing to recur regularly just as they do in natural labor, but with greater force and at shorter intervals. Conviction of the value of the drug for this purpose induces me to give my experience of it, believing that its merits will be recognized by any who choose to give it a trial."

Last summer we called attention to Dr. A. Harkin's treatment of cholera by stimulation of the vagus. The *Medical Record* says:—"The government of India has forwarded to all local governments and administrations copies of pamphlets by Dr. A. Harkin, of Belfast, Ireland, entitled "The Vagus Treatment of Cholera," with the request that the mode of treatment therein recommended may be tested in selected hospitals, and the result communicated to the government of India. The treatment is in itself remarkably simple, viz., the application of blistering fluid behind the right ear, with the idea of stimulating the vagus nerve so as to inhibit the action of the sympathetic on the abdomen. For, from a consideration of the phenomena of cholera, Dr. Harkin arrives at the conclusion that in the inordinate action of the sympathetic we have an explanation of the violent purging, cramps, and other characteristic symptoms; and he urges, from the known physiological effects of the relations between the vagus and the sympathetic, the trial of the remedial measure above stated.

Dr. A. T. Speer, of Newark, Ohio, reports (*N. Y. Med. Jour.*) a seemingly hopeless case of morphine poisoning successfully treated with hypodermic injections of nitro glycerin. One-fiftieth of a grain was given, followed in an hour by a repetition of the dose. Subsequently he received one one-hundredth of a grain, after which he went to sleep for two hours, then awoke and was all right, except a violent headache caused by the nitro-glycerin.

Dr. G. M. Edebohls, in a letter to the editor of the *N. Y. Med. Jour.*, gives great emphasis to the value of great tenderness at McBurney's point, in the treatment of appendicitis and pericecal abscess. He quotes Dr. McBurney thus:—"I believe that in every case the seat of greatest pain, determined by the pressure of one finger, has been very exactly between an inch and a half and two inches from the anterior superior spinous process of the ileum, on a straight line drawn from that process to the umbilicus." Dr. Edebohls states that he has never found a perityphlitic abscess, until six or seven days old, developed enough to enable him to reach it *per rectum*, whereas a pyosalpinx can always be reached in that way. The doctor concludes by quoting and confirming the following sentence from Dr. McBurney's paper:—"Much greater tenderness at this [McBurney's] point than at others, taken in connection with the history of the case and the other well known signs, I look upon as almost pathognomonic of appendicitis."

Dr. Misrachi highly recommends the use of injections of caffeine in cases of post-partum hemorrhage, where rapid assistance is necessary, and especially when the physician first reaches the case after there has been already considerable hemorrhage. According to the author, caffeine acts more rapidly than ergot, and produces a more effective result even than ether, although the latter is a more rapid stimulant. He administers it in the form of a solution, of which a hypodermic syringe-ful would contain four grains of caf-

feine, and gave three or four injections at once—in other words, injects hypodermically about sixteen grains of caffeine. He employs caffeine rendered soluble by the benzoate of sodium, equal parts of each being dissolved in warm water. The author claims that this remedy so employed produces most remarkable results in arresting bleeding, and in acting as a stimulant, and that, therefore, benzoate of sodium and caffeine in small packets should always be carried by country practitioners.—*Med. Record.*

"Dr. J. C. Reeve, of Dayton, O., a national authority on anesthetics, handled the (Hyderabad) Commission, and their sins of omission as well as commission, without gloves, denying, and apparently proving his denial, of many of the points of their report."—*Medical Record.* We have heard the wind blow before this. "A dog may bay the moon."

Practical Medicine.

On the Advantages of Producing Anesthesia by Small and Continuous Doses of Chloroform.

Deaths from chloroform are becoming so frequent that there is a danger that this most valuable anesthetic will be discarded. In my opinion chloroform has many advantages over ether, and the dangers attending its use may be greatly diminished if administered in small and continuous doses. It is probably the safest of all anesthetics. The method I have carried out for a considerable period has been as follows:

A piece of lint is folded as a cone and placed a few inches from the mouth and nose. From five to ten drops of chloroform are poured on the lint from a two-ounce phial, the cork of which has had two wedge-shaped pieces removed so that the chloroform can not be poured out freely. This is repeated about every thirty seconds. The respirations should be natural, free, easy, and not too deep; avoid early and deep respirations. In fifteen to thirty minutes the patient is anesthetized. The average time is about twenty minutes. The advantages of this method are:

1. Toleration of the chloroform is produced and the fears of the patient are allayed.

2. Sense of suffocation and spasm of the glottis are rarely produced.

3. Noisy delirium and violent muscular excitement are less common.

4. Vomiting is also less frequent.

5. Stertorous breathing and lividity of the face are less common; stertorous breathing rarely need be produced at all if the chloroform be given in small doses.

6. Less tendency to syncope.

7. Much less chloroform required.

Experience teaches that the system will tolerate toxic doses of drugs with perfect safety if only small doses are at first given and then gradually increased. This is the principle we need to learn in producing anesthesia with chloroform.

The disadvantage which is urged against this method is that it takes too long. Some anesthetists can produce anesthesia with chloroform in three or four minutes; but the risks are considerable, and I could not conscientiously do it. The safety of the life of the patient is paramount. Having seen the evils and dangers of the ordinary quick method as carried out in all our hospitals and in private practice, I have been led to try the slow method, and am well satisfied. In *Medical Reprints* for October 15, 1890, I find there is a reference to the slow method, and that Dr. Leon Labbe, in 1881, described the method before the Academie de Medecine. Not having read the paper I can not give the details of it. I would urge that the method described should have a fair trial, and that careful observations should be made in our large hospitals. If this is done I believe the quick method will forever be discarded, and that "death from chloroform" will be very rarely recorded.

The above remarks refer to adults. Children are less liable to the dangers of chloroform, but with them it is safer to produce anesthesia more slowly than is commonly done.—*Dr. J. Brown, in Brit. Med. Jour.*

Treatment of Delirium Tremens.

At the Congress of German Naturalists, in September, 1890, Aufrecht, of Magdeburg, made some remarks upon the treatment of delirium tremens, which are reported in *Le Mercredi Medical*, November 5, 1890. Two questions, he said, present themselves: Can the disease be radically cured? Is it useful to continue to give alcohol to patients with delirium tremens?

Aufrecht has treated two hundred and ninety-four alcoholic patients between the years 1880 and 1890, and of this number has lost ten. He treated twenty-two patients with chloral and morphine, and four died; since then he has used chloral alone without any failure. He gives chloral in doses of sixty grains, according to the following formula:

R Chloralisdr. i.
Syrupi
Tinct. aurantii am. cort. . . aa f oz. ss. M.

This potion, he says, is well borne by patients. It takes effect the first night, but it should be repeated the next night and the night following, so that repose may be complete. At times, in very serious cases, thirty grains of chloral should be prescribed in the morning and the same dose (sixty grains?) continued every evening for four or five days.

When one has to deal with all sorts of patients who at the same time are alcoholic, it is necessary to treat them actively. Aufrecht gives six fluid ounces a day of Hungarian wine, or the following potion:

R Alcoholis (90 per cent)f oz. ii.
Syrupimin. clx.
Tinct. aromat.
Tinct. amaraa min. xv.
Aq. amygdale. amarmin. iii.
Aq. destill.f oz. viiss.
Sacchari.q. s. M.

At times, he says, this treatment does not stop the delirium. He then prescribes forty-five grains of chloral, and has obtained very good effects from it. He says that patients with alcoholic delirium, who have no other affection, do not need alcohol.—*Medical and Surgical Reporter*.

Diabetic Coma.

Dr. R. Schmitz, of Neuenahr, in Germany, has had a large experience in the treatment of diabetes, and therefore his opinion on diabetic coma is to be regarded with interest. He states that under the term diabetic coma, two distinct conditions are to be recognized, both of them serious and somewhat similar at first glance, but entirely different regarding their pathology, and requiring different modes of treatment. The first is simple collapse, with coma; the second is an auto-infection, and is diabetic coma properly so called. By most observers it is ascribed to the condition of acetoneuria. The collapse is the result of weakened heart power, brought about by an excess of sugar in the blood

causing general degeneration of the muscular tissue throughout the body, in which the heart participates. During collapse there is marked cyanosis, the respiration is quickened, the pulse is generally about 68 to 72 per minute, the temperature is not raised, the heart's beat is almost imperceptible and the first sound can scarcely be heard.

The treatment of this condition, according to circumstances, is prophylactic or active. If the cardiac degeneration is recognized before collapse occurs, the patient must be particularly warned against any violent exertion, cardiac depressants (such as the bromides or antipyrin) must be avoided, but in addition to the ordinary diabetic treatment a little alcohol should be added to the diet, and the patient should be out in the fresh air as much as possible. During the actual attack stimulants must be employed, of which the best are black coffee, castor oil and hypodermic injections of camphor and musk. In true diabetic coma there are generally well marked prodromal symptoms—complete loss of appetite, somnolence with unrefreshing sleep, etc. The tongue becomes coated and dry, the breath very fetid. When coma sets in there is fever (100° to 102° F.), respiration and pulse are quickened, the former rising to 45 and the latter to 130 a minute. There is much epigastric pain, but there is no tenderness. The diagnosis is easy and is based on the epigastric pain and rise of temperature (both of which are absent in the first form), on a negative result from an examination of the heart, and on the rapidity of the onset of the coma. The treatment is directed to the removal of the toxic material, which Dr. Schmitz considers accumulates in the intestine. He consequently advises frequent doses of castor oil, even if diarrhea be already present. He orders half an ounce every hour until a full evacuation is produced, and states that he has had excellent results from this method of treatment.—*Lancet*.

Death from the Administration of Ether.

A death from the administration of ether occurred at the Brooklyn City Hospital, October 29th. Only half an ounce of ether had been administered when respiration suddenly ceased, and a few seconds later the heart's action became imperceptible. All methods of resuscitation were employed for two hours, but in vain.

Some Notes Bearing on the Administration of Iron.

BY JOHN AULDE, M. D., PHILADELPHIA, PA.

Although iron is highly esteemed as a medicament, and is largely used for its tonic effect upon the system, so frequently does it occur that the patient objects, owing to some idiosyncrasy or fancy, that we can not regard it wholly as an ideal hematinic. No apology, therefore, is required in offering to the profession a comparatively recent preparation, which is free from some of the objections that have been urged against many of the iron preparations now in use. In order to make the reasons which I have to offer clear and distinct to the casual reader, I have deemed it wise to consider briefly some points intimately connected with the pharmacology of the drug. From this preliminary study we shall be in a measure prepared to estimate how nearly the new product comes to meeting the defects with which we have had to contend so long, and at the same time it may possibly lead to a more intelligent use of this well known remedy.

Besides the reduced iron, we have in general use the ferric and ferrous preparations, the latter being more mild, less astringent, and free from the objections to the ferric salts—that of coagulating albumen. Lethal doses of the ferric salts used intravenously, in experimental investigations, cause almost immediate paralysis of the central nervous system, full of blood pressure, and death. Although the perchloride, when thus used, causes instant death by coagulation of the blood, it does not act in this direct manner when introduced subcutaneously, the nerves are unaffected, but at the points of elimination inflammatory action is set up, *e. g.*, the kidneys, liver, and intestinal mucous membrane show more or less effect.

Absorption takes place as a peptonate or albuminate, but it is taken up so slowly that no appreciable result follows, as just stated, it may be used intravenously or subcutaneously. Absorption takes place more rapidly in catarrhal conditions of the intestinal tract—a fact to be borne in mind when exhibiting large doses, which cause gastro-intestinal catarrh. Small doses do not have this effect, nor does the metal appear in the urine from their administration, such as may be observed after the ingestion of large doses. It will be inferred from the foregoing that by the exhibition of small doses of a soluble prepa-

ration of iron it will be assimilated without causing derangement of the alimentary tract, and in this way the secondary effects, *i. e.*, the deposit of the metal in the system, may be avoided.

The fact should be kept constantly in view, that metals have a poisonous action upon nerves, nerve centers, muscles, and upon all glandular structures; and as iron is a reputed hematinic, much harm may result from its injudicious employment, as there are evidently certain toxic effects following the long-continued use of insoluble preparations. This is a rule which applies especially to all insoluble iron preparations, and it is but reasonable to assume that, whatever harm has been done through this means, may have escaped attention, because few physicians are likely to investigate the presence of factitious diseases. Another factor which has contributed to lessen these evils, is the slow process of absorption.

The foregoing observations apply with equal force to the effects of the drug upon the circulatory apparatus. While copper is an active agent is causing contraction of the blood vessels, iron produces slow contractions, showing that it is less irritant (stimulant) to the nervous system. This may possibly be accounted for on the hypothesis that iron is a normal constituent of the blood. Whether this effect is due to irritation (stimulation) of the vaso-motor nerves, central or peripheral, or to a direct action upon the muscular walls of the blood vessels, is a question still in doubt. My own impression is, that through the influence of the medicament upon the nerve cells the large doses, comparatively, arrest their function, when contraction of the muscular structures in the vessels takes place. The ferric salts, owing to their property of coagulating albumin and blood, of course produce more marked effects than the ferrous salts. Digitalis and ergot among the organic, and barium and chloride among the inorganic remedies, well known as vascular tonics, furnish apt illustrations of this important principle.

Iron has a tendency to accumulate in the liver; small doses do not show this tendency, but they may serve to increase the functional activity of this organ, when given in a soluble, non-astringent form, by restoring cell-nutrition to the normal.

The effect of iron upon muscular structure has long been known to experimental physiologists, but I doubt if this knowledge is ap-

preciated by many practitioners, who regard the possible benefits to be derived from the exhibition of iron preparations in proportion to the amount tolerated by the patient. Now, large doses, while they do not affect the irritability of muscular structure, lessen materially the amount of work it is capable of performing, while small doses increase the capacity of muscle for work. What is most to be desired, therefore, is a preparation not open to the objections inferred from these investigations; but owing to the necessity for consulting the palate of our patients, it is also desirable that the substance should be free from the nauseating effects which are so common to all preparations of iron. The combination, I believe, is to be found in that form known levulose ferride, which was highly recommended to me several years ago by my friend, Dr. James Collins, of this city.

The preparation known as levulose ferride is one which takes the place of a well known and popular German product, called *Eisen-zucker* (iron sugar), very extensively used in domestic practice. I was led to the employment of iron sugar on account of its palatability, fastidious patients and children making no objections to it; but this has been supplanted by levulose ferride, which in the form of tablet triturates will be taken as readily as chocolate bon-bons. It is readily soluble in an excess of water, and practically free from any ferruginous taste or styptic effect when dissolved in the mouth, and is substantially a peptonate. The method of preparing it is briefly as follows: To a certain amount of iron a measured quantity of malt sugar (maltose) is added, and the mixture constantly stirred while exposed to a water bath. While it possesses all the desirable qualities mentioned, the presence of metallic iron may be determined by chemical analysis, the strength of the product being about three per cent.

This preparation, it will be apparent, will act much less actively as an astringent than even the ferrous preparations; but, of course, it can not be expected to take the place of the ferric products, which are sometimes demanded, as in the case of intestinal parasites (*sarcina ventriculi* and *lumbricoidea*). On the other hand, it will be especially indicated for the relief of anemia and chlorosis, owing to its ready absorption, lack of astringency, and its palatability. In all cases of defective nutrition, from any cause, where the ingestion of any form of medicament is a trial

to the patient, this product will be kindly received. A synopsis of some of the cases in which it is indicated, together with a summary of the effects following its employment, may prove interesting to the physicians.

During the early summer months, I had under observation a young mother with a six months old child, who presented a very anemic condition. I had seen her but once since the delivery of her child, and anticipating that she would not be able to nourish it sufficiently and maintain her health, I had cautioned her in regard to the most appropriate diet. Notwithstanding every care had been used, she was finally compelled to seek medical care, or go to bed. All that this patient required was something for the purpose of increasing the amount of hemoglobin, which would restore the integrity of the red corpuscles and improve the oxygen carrying capacity of the blood. This being most readily accomplished by levulose ferride, she was ordered to take tablets of this preparation, each containing three grains, after meals. To meet the emergency, and increase the patient's strength until such time as the advantages of the iron would be apparent, small doses of strychnine (one-sixtieth of a grain) were administered along with the iron. Ordinarily, this class of patients, when they begin in the early summer, suffer more or less from the effects of the heat, and become regular patrons of the doctor; but this patient did not make her appearance again for about two months, when she said she thought it was about time to have a little more of the same medicine. I may mention in passing, that the first medicine was sufficient only to cover the first ten days, and the patient seemed greatly disappointed that she was compelled to return.

So many children are so promptly benefited by the use of a small quantity of iron, that it is a great drawback to us that no palatable preparation has been discovered and put on the market. I have in mind a little fellow, who has long been very much adverse to eating meat, due, I presume, to defective digestion; but for the past few weeks, since he has been taking the levulose ferride, he seems quite content to eat meat alone, and is becoming strong and robust. Not long ago I had a visit from a lady, who brought with her a young lad, aged fourteen, who had a most forbidding cadaveric expression, and he could eat no meat. His brother, I was told, had died at about this age from Bright's

disease, and this one presented all the symptoms peculiar to the brother who died. Still, with attention to diet, outdoor exercise in the country, and a tablet triturate containing three grains of levulose ferride after meals, he made a prompt recovery. Although I was unable to discover any symptoms of Bright's in this instance, I was impressed with the depression due to the anemic condition; and yet, without some readily assimilable iron preparation, it would have been a tedious process to start him on the way toward recovery.

Late in the spring of the year, a gentleman, aged about thirty-five, called on me, complaining of dyspepsia, although he had been under treatment of another physician for overwork for the preceding four years. After regulating his diet, and adopting treatment calculated to restore the activity of the digestive apparatus, he was placed upon levulose ferride along with strychnine sulphate—three grains of the former in tablet form, and one sixtieth grain of the latter, and did remarkably well on this combination.

This product, like all other mild preparations of iron, is mostly indicated in cases of this class, and along with these may be mentioned chorea, convalescence from lingering diseases, like typhoid fever; and in all such instances, I venture to anticipate that the results will be especially favorable where proper attention is given to dietetic measures.

The administration of the remedy may be confined to the use of the powder, which is taken dry on the tongue, dissolved in water or coffee; or it will be found more convenient in the form of tablets, each containing three or five grains. The dose for children ranges from three to ten grains, and for adults from five to thirty grains.

The Levulose Ferride was obtained through Messrs Eisner & Mendelson Co., New York, who import this article.

Prof. Iginio Tansini, of Modena, performed total extirpation of a hydatid cyst of the liver, at the same time excising a portion of that organ. There was very free hemorrhage from the large cut surface of the liver, which was controlled by catgut ligatures. The wound in the liver was closed by means of sixteen sutures, partly silk, partly catgut. The operation was followed by no rise of temperature, and the patient (a woman) was quite well in less than a fortnight.—*Times and Register*.

Obstetrics and Gynecology.

Gynecological and Obstetrical Society of Baltimore, Md.

DECEMBER MEETING.

Vice-President, Dr. C. H. Riley, in the chair.

REPORTED BY WM. S. GARDNER, M. D., SECRETARY.

Dr. Wm. E. Moseley related the following case: Mrs. Maggie G., a light colored woman, about thirty years of age, twice married, had had two children by her first husband. Had suffered much during the past twelve years from dysmenorrhea; had been unable to do ordinary work. Examination showed the uterus to be retroflexed and firmly bound down, but the character of the adhesions could not be definitely made out. There was an irregular shaped elastic in the position of either tube, diagnosed as cystic ovaries, together with chronically inflamed tubes. All the pelvic tissues were very sensitive to pressure. There was a deep, double laceration of the cervix, and a lacerated perineum with very lax vaginal wall, but only slight rectocele. When the abdomen was opened the mass on either side of the pelvis was found to be composed of a cystic ovary and the corresponding tubes firmly matted together by old organized adhesions, each mass being firmly bound down to the pelvic wall by numerous strong and many more recent adhesions. There were also adhesions to the omentum. The left ovary ruptured before it could be removed. The mass in the right side appeared to be a large hemato-salpinx, but examination proved it to be an ovarian cyst into which blood had entered from a ruptured Graafian follicle. The adhesions behind the uterus were very broad, strong bands, and were pulled off the uterine walls. All possible care was used to secure the patient against hemorrhage, and the abdomen was douched out with hot boiled water until the return flow was practically colorless. A glass perforated drainage-tube was introduced to the bottom of the cul-de-sac, and the incision closed about it. The extreme difficulty of separating the adhesions and the douching prolonged the operation to about one and a half hour. Although stimulants and artificial heat were pushed no reaction could be obtained, the temperature never reaching 95°, and the patient died about six hours after the operation, apparently from

shock. At no time was there any discharge of blood, or even bloody fluid, from the drainage-tube. Dr. N. G. Keirle, however, kindly examined the pelvic cavity post-mortem, and reported that death was due to hemorrhage, the exact source of which could not be made out. Dr. J. Whitridge Williams kindly furnished the pathological report.

Dr. Thomas Opie exhibited a placenta that he had gotten a few hours before the meeting from a case of placenta previa.

He also exhibited a specimen of an ovarian tumor which he had recently removed. The tumor had developed into the epigastric region, and the abdomen was about as large as it would have been at the full term of pregnancy. It took two hours to break up the adhesions, which were very dense between the tumor and the intestines, and between the tumor and the omentum. The second tumor was taken from the pelvis. It was ovoidal in form, about seven inches in length, by five inches high and four inches thick. It was removed entire, and upon section it proved to be a dermoid growth. There was no history of peritonitis to account for the extensive adhesions. The patient had never had a day's discomfort, other than from the size of the cyst. She did not know until four months ago that she had a tumor. The material in the large cyst was colloid. Notwithstanding the extensive adhesions, the length of time consumed in breaking them up, and the injury resulting from the operation, the patient had made a good recovery, this being the seventeenth day after the operation.

Dr. Howard A. Kelly: The term colloid is often used in two senses. An incorrect use, describing the yellowish, more or less opalescent, thick, viscid materials often found in ovarian cysts; it is employed in such cases as more or less synonymous with gluey. The other use of the term is to describe a rare condition, in which the contents of the cyst are more like calf's foot jelly, and have a vitreous fracture; they are with great difficulty removed, clinging to everything. This latter is true colloid, and when found such tumors are of a suspiciously malignant character. We should limit the use of the word to the latter condition.

I wish to refer to two minor matters of interest suggested by the specimen of placenta previa. The position which the placenta has occupied in the uterus can accurately be determined by the position of the opening in the membranes made by the passage of the

child, inasmuch as the fundus uteri must of necessity be just opposite to this perforation. We can, therefore, by reconstructing the membranes, see just in what part of the uterus the placenta lay. In one of my placenta previa cases there was no hole at all in the membranes, as I had extracted the dead child through a perforation in the placenta. We can do still more than this in the way of a diagnosis with the membranes. By allowing them to be expelled untouched into the bed, and carefully observing their exact position, we can tell as well on which side of the uterus the placenta was attached.

The second point is that we may have placenta previa hemorrhage without being able to detect a placental margin, owing to a low attachment of part of the placenta, near the internal os, below the contraction ring but not over the hole of the cervical canal. The lower part of a placenta thus attached is separated by the opening up of the lower uterine segment.

Dr. L. E. Néale said: Although Dr. Kelly had alluded to a point of some interest, it is of far more practical importance to recognize placenta previa prior to its expulsion, and so far as he knew this could only be done with certainty by digital examination. Partial placental separation and rupture of the membranes during labor, in cases of placenta previa, were outlined by Mariceau as early as 1668, but was fully described by Puzos in 1759. He saw nothing in the history of the present case, as related by Dr. Opie, that contradicted the method of Braxton Hicks—a method that up to the present time had given by far the best results, viz., four and a half per cent. maternal mortality. If this method when practicable could be performed earlier than delivery by any other method, and was not difficult and gave the best results, why not have applied it in the present case?

Dr. Wilmer Brinton asked why Dr. Opie objected to the tampon in cases of placenta previa; he thought no arbitrary law could be applied.

Dr. Opie said, in closing the discussion, that results of operative procedure depended largely upon the skill and familiarity of the operator with the special operation resorted to; in his first case of placenta previa he had attended he had turned and lost both mother and child. With rapid dilatation and forceps he feels that he has command of the situation, and having resorted to that method

repeatedly, has gained greater skill and does better work. While Dr. Neale might do better by some other method, he is fully satisfied that he does best himself with the forceps. He is opposed to the use of the tampon, because it conceals what is going on; it is not best to wait for pains. He is in favor of rapid dilatation and delivery in placenta previa, in puerperal eclampsia, and in abortion; to put in a tampon and go away is hazardous; the tampon is of very little help in hemorrhage.

Dr. Howard A. Kelly read a paper upon the Palpation of the Normal Uterine Appendages. He stated that the normal uterine appendages could always be palpated. There are two avenues of approach, by the vagina and by the rectum, and three ways of utilizing these avenues. First, with one hand; second, with two hands employed bimanually, either by vagina or rectum; and third, the trimanual method, by vagina and by rectum.

First, the examination with one hand is unsatisfactory, and the ovary can not even be felt unless abnormally displaced downward into the recto-uterine pouch.

Second, the success of the bimanual examination depends upon the downward pressure with the external hand displacing the abdominal walls in the direction of the ovary to be palpated, and thus affording a resistant plane against which the ovary can be felt by the internal hand. The internal hand must be used to invaginate the perineum, which is thus displaced upward into the pelvis. This invagination gives the examining finger, even though it be a short one, the necessary length. One, often even two inches, are thus gained to the palpating finger. Care must be taken, in making the pressure necessary to produce this invagination, not to stiffen all the muscles of the forearm, thus impairing the tactile sense. The rectum is, of all others, the best avenue for approaching the structures lateral to the uterus, affording as it does a wide, open channel throughout the whole length of the pelvis. Where the structures can not be reached at once through the rectum, they are brought within easy touch by bringing the uterus and ovaries into an *artificial retroposed* antelexion, the mechanism of which was carefully described by diagrams.

Dr. Kelly had, in the way, palpated fibroid tumors on the posterior surface of the uterus near the fundus, not as large as a pea.

Third, the trimanual examination is conducted either by the vagina or by the rectum

and vagina, assisted with the hand above. The peculiarity of this method is an *artificial descensus uteri*. The uterus is grasped with a pair of bullet forceps, and drawn downward until the cervix is seen at the vaginal outlet, and while an assistant holds it in this position, the gynecologist uses his hands bimanually. To obviate the employment of an assistant, Dr. Kelly has invented an instrument, which he calls the corrugated tenaculum, flattened and roughened so that it can be readily held between the last phalanges of the third and fourth fingers and the ball of the thumb, while the index finger of the same hand, assisted by the abdominal hand above, is engaged in making a vaginal or rectal examination.

By one or the other of these methods, the uterus, broad ligaments, ovaries and tubes, are within reach of a most thorough and searching examination, revealing at once the smallest abnormalities.

Marion County Medical Society.

At the stated meeting of the Marion County Medical Society, January 27, 1891, the Committee on Medical Legislation recommended the enactment of laws by the Legislature, covering the following points, viz.:

I. The enactment of a State law prohibiting the sale of the following named poisons, or anything containing one or more of them, except when prescribed or ordered by physicians: (a) Opium and its preparations, alkaloids and salts; (b) Belladonna and its preparations, alkaloids and salts; (c) Aconite and its preparations, alkaloids and salts; (d) Arsenic and its preparations, strychnine, chloroform, cocaine, chloral hydrate, hydrocyanic acid, and cyanide of potassium.

II. The passage of a law or laws covering the following cases, namely:

1. An act prohibiting the refilling of prescriptions, unless ordered by the prescribing physician.

2. An act giving the State Board of Health power to investigate and determine the fitness or unfitness of colleges teaching the medical sciences, with power to refuse recognition to unworthy colleges and revoke licenses of unworthy and disreputable practitioners.

3. An act prohibiting any person from practicing medicine, surgery or obstetrics in Indiana, who has not pursued the study of medicine four years, attended three full courses of lectures of six months each, and dissected

the several regions of the human body. To take effect on and after its passage.

4. An act prohibiting the recognition of medical diplomas and certificates of foreign countries and any State of the United States, except such countries and States as recognize the medical diplomas of Indiana. This act will not affect the rights and privileges of physicians now practicing in this State.

5. An act making the county license fee of itinerant physicians or surgeons one hundred dollars per month.

6. An act to prohibit county commissioners and township trustees from employing county and township health officers and physicians to render professional service to the poor of the various townships of the State, upon the basis of the lowest bidder.

The Legislature is now in session, and we urge every physician who favors the above legislation to write immediately to his senator and representatives, urging the passage of the above acts.

Materia Medica and Therapeutics.

Abuse of Alcoholic Stimulants.

BY S. E. EARP, M. D.

Professor of Materia Medica, Therapeutics and Medical Chemistry, Central College Physicians and Surgeons.

The indiscriminate extemporaneous use of alcoholic stimulants for every trivial pain and ache has not only become a farce, but is decidedly detrimental. Hundreds of instances may be cited where a simple ailment, as weighed by the laity, calls for a drink of whisky as a remedy, rather than summon a physician. If the condition is ameliorated it licenses the use of the stimulant again, while in a vast majority of instances quietude would have relieved the untoward condition, and at the utmost calculation a well applied counter-irritant or internal heat obtained harmlessly by a glass of hot water. These cases do not include the variety wherein a cardiac stimulant is appropriate. If the condition be serious, the physician upon his arrival finds the patient in a semi-intoxicated state, and is compelled to make a conjecture of the true normal faculties. It is a common occurrence to see alcoholic stimulants used upon the suggestion

of some friend to accomplish certain results, when they are, to say the least, endowed with ignorance of the therapeutic effect.

It is true that alcohol increases the flow of gastric juice and aids digestion; it prolongs life on an insufficient diet, and does well as a cardiac stimulant, especially in emergencies. But is it not *overdone*? Is it not only too frequently a derivative of harm by its injudicious administration?

Possibly in certain pathological conditions about two ounces may be consumed in twenty-four hours, but not a greater amount; the economy is unable to accommodate it as a therapeutic agent, but the surplus entitles it to be classed as a direct poison. If continued in rational doses for too long a period, or if the quantity is larger than thus indicated, it reverses the lever, and takes a step backward into a pathological process; digestion is impaired by over-irritating the stomach, the surface of the skin warmed only at the expense of the internal organs, and fatty degeneration is a frequent occurrence. The reserve forces are forced into action when they would have promptly responded to nature's summons, and thus in a great measure avoid the exhaustion of the vital forces.

The pathological conditions of the nervous mechanism are too well known to admit of comment.

It is, therefore, to be deplored that so valuable a remedy as the one under consideration should be so injudiciously used as to almost create a fear or prejudice against its use. If alcoholic stimulants be restricted to the special indication, they undoubtedly have few equals as therapeutic agents; but the ill effects and untoward results are directly or indirectly due to their abuse.

Codeia, in one-half grain doses three times a day, is being extensively used in ovarian neuralgia and pain originating from the pelvic viscera.

Dr. Abbot advises ten-grain doses of salol, three times a day, in cystitis.

Treatment of Acute Gastro-Enteritis Occurring Among Infants and Children.

Nature uses in her treatment of this disease: First, a generally lowered temperature. Second, the sodium chloride present in the atmosphere. Third, the destructive action of the oxidizing constituents of the atmosphere on the products of decomposition; and, as a negative factor, the absence from the atmosphere of any infective material.

1 That the air from the open sea must be of great purity would seem evident to every one, and the absence of microbes has also been demonstrated, according to Ziemssen, by the experiments of Mireau and Miquel.

2. It is not easy to understand definitely how the beneficial results derived from the lower temperature are obtained. We may, however, conceive that by stimulating the nerve centers it slows the action of the heart; that by increasing the absorption of heat from the body it reduces the fever, and that some benefit is derived from a preventive action exercised upon the further continuance of decomposition.

3. It is probable that the ultimate effect of the salt in the atmosphere is similar in its effect when taken in solution. It is generally conceded that part of the action of chloride of sodium is its stimulating effect upon all the properties of secretion and excretion.

4. It is evident that, owing to the absence of microbes and decomposing material from the air, Nature has the opportunity through the oxidizing constituents—such as ozone, etc.—to more rapidly and thoroughly destroy any morbid products present. How, then, can we most thoroughly imitate Nature in her successful treatment of this and allied diseases when we are unable to place our patients in the best hygienic atmosphere?

First. By insisting on as thorough ventilation as possible, we can, to a certain extent, dilute the poisonous material present in the air.

Second. When practicable, "we may succeed, to some extent, in cooling the air of the sick-room artificially by the use of large pieces of ice." By frequent sponging with cool water, and by its application with cloths to various parts of the body, through its evaporation, aided probably "by some stimulant action on the central nervous system," we may reduce the fever. Bearing in mind the extreme sensibility of the nerve centers in children, and remembering that Nature does nothing violent in her treatment of this

disease, it would seem well to refrain from the shock of powerful douches, or the abstraction of heat from the body by conduction through immersion in the cold bath itself.

Third. We should be able to get the physiological effects of the sodium chloride by the addition of salt to the cold applications and by giving small quantities internally in solution, taking care that the solution is so well diluted as not to have too irritating an effect on the intestinal canal.

Fourth. We must increase the oxidizing power of the atmosphere by the use—either through the mouth, by rectal injections, or possibly by inhalations—of some substance which would assist in the more rapid oxidation of the various products of fermentation present. What clinical reports we have had of the use of oxygen gas itself offer us little encouragement to look there confidently for means of relief, but from the use of peroxide of hydrogen from the decomposition of which ozone is formed, or the discovery of some remedy chemically resembling it, I think we may find useful aid to the other methods stated.—*Dr. Greene, in N. Y. Med. Jour.*

Salol and Bismuth in Diarrhea.

With the onset of each season and its accompanying diseases, the physician anxiously awaits any remedial agent that will alleviate disease. The past season, with its intestinal troubles, deserves our close attention. Lately I have been using salol and bismuth in these cases with excellent results. The first case was one of diarrhea in an adult, with intense pain and vomiting. Salol, gr. v, bismuth subnitrate, gr. x, was ordered every two hours. After the first powder was taken there was no vomiting, and after the second no pain. The powders were then taken every four hours, resulting in a speedy cure.

Six cases in adults have been treated successfully in this manner.

In cholera infantum, salol and bismuth has been used in four cases, with one death. This child, aged five months, was brought to me on the fourth day of illness, with a history of from fifteen to twenty passages daily, and almost incessant vomiting. I had very little hope for the child, yet the vomiting was relieved to a great extent. Brain complications soon appeared and the child died.

In the other forms of diarrhea in children, about twenty cases have been treated with

salol and bismuth, with good results. The vomiting, when present, was kept under control, the number of passages quickly diminished, with relief from pain, and loss of odor of the discharges. In some cases the addition of pulv. ipecac et opii was called for, in others pepsinum purum (P. D. & Co.'s); and again, ext. ergot fld. was given, but in the larger number of cases, salol and bismuth alone were given.

The quantity of salol was: gr. $\frac{1}{4}$ to gr. ij. for a child; gr. iij. to gr. vj. for an adult; bismuth subnit., gr. i. to gr. iv. for a child, gr. v. to gr. xv. for an adult. I have not mentioned bathing, hot and cold applications, and the general treatment pursued in such cases, but briefly report my experience with the above remedies.—*Dr. Cree, in Amer. Lancet.*

Therapeutic Agents in Epilepsy.

The current reports from the use of bromide of arsenic (Clemens' solution) seem to demonstrate that the remedy is receiving much favor from the profession. In epilepsy, after the failure of bromides of ammonium, sodium and potassium, the bromide of arsenic has been beneficial. The method of treatment preferred by Dr. Rex in epilepsy, was one-tenth of a grain of phosphide of zinc, three times a day, increased to one sixth of a grain. Dr. Goubart uses monobromide of gold, one eighth of a grain, increased to one-fifth.

Reviews and Book Notices.

Auscultation and Percussion. By Frederick C. Shattuck, M. D., Professor Clinical Medicine in Harvard University, Visiting Physician Massachusetts General Hospital, etc. The Physician's Leisure Library; 121 pp.; paper 25 cents, cloth 50 cents. George S. Davis, publisher, Detroit, Mich.

This work may be as exact in expression as the present knowledge of the subject will permit; yet the student will be amazed at the constant subjunctive expression, and possibly may conclude that every proposition laid down is subject to an "if," "perhaps," "it may be," or "possibly." To one who has the art of auscultation and percussion pretty well mastered, the book will be pleasant and profitable reading.

Text-Book of Hygiene—A Comprehensive Treatise on the Principles and Practice of Preventive Medicine, from an American Standpoint. By Geo. H. Rohe, M. D., Professor of Obstetrics and Hygiene, College of Physicians and Surgeons, of Baltimore, etc. Second edition, thoroughly revised and largely rewritten, with many illustrations and valuable tables. Philadelphia and London: F. A. Davis, publisher.

This is an excellent work upon a neglected subject, prepared to supply the student, the practitioner, and the sanitary officer a trustworthy guide. It would be an excellent work to place in the hands of ship-builders, architects, school superintendents and teachers. It ought to find a place in public libraries, as well as those of physicians. There are chapters upon the following subjects:—Air, Water, Food, Soil, Removal of Sewage, Construction of Hospitals, Construction of Habitations, School of Hygiene, Industrial Hygiene, Military and Camp Hygiene, Naval Hygiene, Prison Hygiene, Exercise and Training, Baths and Bathing, Clothing, Disposal of the Dead, the Germ Theory of Disease, Contagion and Infection, History of Epidemic Disease, Antiseptics, Disinfectants and Deodorants, Vital Statistics, Quarantine.

The work contains 421 pages of readable and valuable matter; octavo, cloth, \$2 50.

Wood's Medical and Surgical Monographs. Vol. VIII, No. 3. December, 1890. \$10 a year; single copies, \$1.00. Wm. Wood & Co., 56 and 58 Lafayette Place, New York.

The present number will be very acceptable to the profession, as it closes with a fifty-page handbook of Dr. Koch's treatment of tuberculosis. The minutest details are given by Drs. Green and Severn, who were in Berlin for a time, and have reported the results in lupus, joint disease and phthisis pulmonalis. There is also an article on the demonstration of bacteria in animal tissues, by Dr. Kuhne, Weisbaden; on the present position of antiseptic surgery, by Sir Joseph Lister; on the treatment of epilepsy, by Dr. Fere; on cancer and its complications, by Dr. C. E. Jennings.

of London. The one hundred pages on cancer is of great practical value. The controversy between the "generalists" and the localists, as to the origin of cancer, is well presented. The writer has no hesitancy in saying that the article "Cancer and its Complications" is the most helpful discussion on the subject accessible.

A. W. B.

International Medical Annual.

E. B. Treat, publisher, New York, has in press for early publication the Ninth Yearly issue of the "International Medical Annual." Its corps of thirty-seven editors—specialists in their respective departments, composing the brightest and best American, English and French authors—will vie with previous issues in making it more popular and of more practical value to the medical profession.

We have the assurance of some of the best medical practitioners that the service rendered their profession by this Annual can not be duplicated by any current annual or magazine, and that it is an absolute necessity to every physician who would keep abreast with the continuous progress of practical medical knowledge. Its Index of New Remedies and Dictionary of New Treatment, epitomized in one ready reference volume at the low price of \$2.75, make it a desirable investment for the busy practitioner, student and chemist.

Elevation of the Pelvis in Abdominal Section.

Dr. Leopold has performed all his abdominal sections recently with the patients' hips elevated. The patient is placed horizontally on the operating-table, with her hips and legs over a flap. When she has been brought under the influence of the anesthetic the flap is raised, and is kept at the desired angle by the same contrivance as in an ordinary bed-rest. The intestines then fall anatomically toward the diaphragm, the pelvis becoming free of them. No troublesome prolapse of the gut through the abdominal wound during imperfect narcosis can occur. A large flat sponge is placed over the intestines to guard them, and thus evisceration of some coils of gut in order to explore puzzling conditions

in the pelvis becomes needless. The pelvic organs can be seen with ease, the promontory of the sacrum into view. The sewing up of a large peritoneal wound after removal of a uterine fibroid can be managed with comparative ease. The bystanders can see all the area of operation. As the operator can get so deep a view of the pelvis, there is no fear of clots or pools of pus and sanies being left behind. The ureters and other structures passing over the brim of the pelvis can be seen; this is often impossible when the patient lies flat on her back. The flap is lowered when the superficial sutures are applied to the abdominal wound. The elevation of the pelvis did not prove prejudicial to the patients. Dr. Leopold finds so many advantages in this position that he always operates in severe cases after the new fashion, which was originally recommended by Trendelenburg. The patient's right thigh is a support for the operator when necessary. Sixty-four cases have been operated upon this way.—*Centralb. fur Gynakologie; Med. Record.*

Special Notices.

The Indiana Medical Journal for 1891.

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The Home-Maker, published at 22 East Fourteenth street, New York, is an illustrated monthly household magazine, conducted by "Jennie June" (Mrs. J. C. Croly), and a distinguished and able corps of collaborateurs. The journal of all the women's clubs in

America. Contains choicest fiction, latest fashion, household work, how to do it; social usages, in the kitchen, poetry, correspondence, cooking receipts, home work for home-makers, art instruction, photography, women's clubs, club gossip, and record of their proceedings.

The subscription price of the Home-Maker is two dollars a year, but by special arrangement with the publishers we are enabled to offer it and the JOURNAL one year for two dollars. Now is the time to secure one of the best family magazines published for only the small sum of one dollar. The Home-Maker contains 64 double-column pages of choice reading matter. It is one of the best ladies' and family illustrated periodicals published. Send two dollars, and receive this superb magazine and the INDIANA MEDICAL JOURNAL one year.

Elixir Three Chlorides.

In this day of new remedies, where fashion decrees that the latest discovery must reign supreme, at least for a while, it is refreshing to observe, rising from this chaos of novelties, such a standard preparation of old well-tried remedies as Renz & Henry's Elixir Three Chlorides. This preparation represents, in an elegant Elixir, those most potent agents—iron, arsenic and mercury, in the form of chlorides. If one can judge from unstinted praise it is receiving from the profession, it acts as well within the body as it appears on paper.

Antikamnia.

Dr. J. J. Rigg, of Montrose, Iowa, writing to the Antikamnia Chemical Co., St. Louis, says:—I procured some of your Antikamnia, and have used it in several cases of "La Grippe" with the most happy results, both to myself and patients. It fill a place where the preparations of opium would do positive harm. Progressive physicians will all feel thankful for the remedy.

Notwithstanding the large number of Hypophosphites on the market, it is quite difficult to obtain a uniform and reliable syrup. "Robinson's" is a highly elegant preparation, and possesses an advantage over some others, in that it holds the various salts, including iron, quinine and strychnine, etc., in *perfect solution*, and is not liable to the formation of fungous growths.

A Case in Point.

Dr. P. F. Hyatt, of Lewisburg, Pa., says:—A prominent manufacturer, Mr. T., living in New Jersey, consulted me eighteen years ago in reference to certain distressing symptoms which to his mind presaged apoplexy. As two brothers of his had died recently of that disease with the same premonitory symptoms, I did not feel justified in saying that his fears were groundless. Good feeders and torpid bowels told the story. I ordered a large teaspoonful of Tarrant's Seltzer Aperient in half a tumbler of water before breakfast and his troubles soon disappeared, and he is living to-day hearty and well, and has often told me since that the Aperient saved his life.

"Big 4" Route—Mardi Gras Excursions to New Orleans, La., and Mobile, Ala.

The "Big Four" Company will sell excursion tickets from principal stations to the above-named points from February 3d to 8th inclusive; good to return till February 28th. Rates from Indianapolis to either of these points will be \$22.50. For tickets and full information, call at "Big 4" offices, No. 1 E. Washington street, No. 138 S. Illinois street, Massachusetts Avenue Depot, and the Union Station, Indianapolis.

Peacock's Bromides.

Dr. W. R. Hix, of Don Juan, Ind., says:—I have used Peacock's Bromides in my practice with great success; in convulsions in children when teething it acts like a charm. Used it in sick headache, and it has given better satisfaction than anything that I have ever used.

Sore Throat, Diphtheria and Scarlet Fever.

R. Katharmon..... f. oz. i.
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Read all the advertisements. You may find something that may be of great importance to you.

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No. 9.

Original Communications.

**CARLSBAD WATER AND THE SPRUDEL
SALT—A CLINICAL STUDY.**

BY WM. F. HUTCHINSON, M. D., PROVIDENCE, R. I.

In the northwest corner of Bohemia, some two thousand feet above the level of the sea, there lies a little hill town that climbs up sharply rising terraces on both sides of a swift mountain stream that is called the Tepl. It nestles from passing sight in the heart of great forests of pine and beech trees, and is full of legends of knights and ladies fair, that have been visitors to its valley for six hundred years or more.

With but 12,000 of its own residents, it has a population of 30,000 every summer, the others coming from all parts of the world to avail themselves of its wonderful waters, that are so gifted with healing power.

These springs of Carlsbad are now so well and widely known throughout the civilized world, and have attained such a high reputation everywhere, that any extended description is not needed, and if it were, may readily be obtained from better pens than mine.

This paper is intended to call the attention of the profession to a few case records that I have collected from the mass that has accumulated during thirty years of constant use of these waters and their salts for a variety of diseases.

There is nothing more certain than that to obtain the best results from the therapeutic use of medicinal waters, they must be taken at the spot whence they emerge from the earth, where their administration can be controlled by the experience of resident physicians, and where Nature's forces of seclusion, rest and pure air are free to act as potent auxiliaries.

But for all the world this is not possible; and were the good that is done every year by the waters of these famous fountains alone confined to sufferers who are fortunate enough to reach their home, great as that aggregate number is, only a small part of the large army of invalids that blesses their healing powers would ever have heard of them.

After comparing the effects of Carlsbad waters at the springs with those obtained from the same when taken at home in America, I am convinced that the only loss they sustain in removal, is that they do not bring in their neat bottles the air and regime of the Bohemian mountain spa.

So much of the latter as concerns exercise, at least, may be followed anywhere; and I venture to say a few words about that.

Free movement is one of the principal conditions necessary, particularly for those whose sickness was originally chiefly caused by a sedentary life. Suitable muscular activity as directed by the family physician, promotes the excretion of decomposition products accumulated in the body by prolonged inactivity. Exercise, such as walking, outdoor games, etc., must be moderate and selected for each case, and may readily be overdone. But when the patient's condition demands rest and confinement in bed, the waters are still of equal value, only they must be given in smaller doses.

Diet should be restricted while they are being taken, to non-nitrogenous foods, its daily quantity lessened, and the use of alcoholic stimulants prohibited. If digestion is disturbed, a little extract of malt may be administered with each meal. Diabetics, who are forbidden starches, will find an agreeable and effective substitute for wheat bread in the almond bread of Prof. Seegen, the formula for which is as follows:

Pound in a stone mortar four ounces of

blanched Jordan almonds to a smooth powder. Put this in a linen bag and boil for fifteen minutes. Mix thoroughly with three ounces of butter and two eggs, add the yolks of two more eggs with a little salt, and beat well. The whites of three more eggs, beaten to a stiff foam, are next to be beaten into the dough, and when formed into biscuits they are to be baked until well done in a slow oven.

Carlsbad waters are odorless, palatable and free from color, with a faint saline taste, and never produce nausea. Even when taken in considerable quantities they produce no diarrhea or feeling of discomfort. I once drank six tumblers within an hour without the slightest unpleasant effects.

They act directly upon the mucous membrane of the stomach and alimentary canal, and secondarily as a powerful alterative; soothing irritated surfaces reached, changing blood from acid to alkaline reaction. During this process, all calculi of the former kind, whether biliary or cystic, are steadily dissolved, gouty concretions softened and placed in condition for absorption, and rheumatic deposits in muscles are removed. In diabetes mellitus, Carlsbad waters have long been considered as exercising a powerful curative influence, and I have personally known of cures made at the springs where other forms of treatment have failed.

Since the use of these waters and the Sprudel salt that goes with them is, in America, mainly confined to these two forms of disease, I shall cite only cases which are of one or the other class.

CASE I. A. B., physician, aged thirty-five years, of healthy parentage and a fine physique, had been systematically doing two men's work for several years, in spite of all sort of protest from family and friends.

Some five years ago, present date 1890, he began to show signs of exhaustion and nervous tire, but still continued work of the most exposed character and fatiguing description until the spring of 1886, when he was persuaded to take a trip to Europe for rest. While in England, he visited Brighton, where he remained for several weeks taking the waters and baths; he was there attacked by nephritic colic attended with excruciating pains of the severest description, accompanied with passage of several small stones.

Four months after his return, Dr. B. consulted me, and I at once placed him upon Carlsbad water as previously suggested, add-

ing a prescription of my own which I have found to act well at a distance from the springs. It is hot Carlsbad baths twice a day at a temperature of 150° F. for ten minutes each time. These baths are made by adding eight ounces of Sprudel salt to an ordinary bath-tub of water, gradually increasing temperature until the desired heat is reached, and should be taken night and morning. Another and effective way of giving these baths is by means of vapor. The patient, nude, except for a loose blanket covering stool and person to the neck, is seated on a perforated stool, under which a shallow pan of Carlsbad, previously saturated with Sprudel salt, is slowly boiled away. Profuse perspiration follows, and a rapid absorption of elements of the water as they are in turn volatilized, complete vaporization being insured by combustion of the dry residue left after water has disappeared.

After a month of this treatment, Dr. B. passed quite a large number of calculi per urethram, and drawings were made of two of the largest, which are here reproduced. All



gouty symptoms disappeared at the same time; a recent clinical examination showed him free from uric acid urine and calculi, and his general health improved after the course.

CASE II. Mrs. S., of middle age and healthy family. For several years she had suffered with gouty rheumatism and slowly increasing concretions in finger-joints, which were steadily growing and causing loss of motion. She was at last attacked by arthritic neuralgia, for which she consulted me, and I found her system charged with uric acid.

I was unable to learn that any calculi had been voided, although all urine was loaded with brick-dust, and a copious deposit fell from a beaker full kept over night.

Mrs. S. was at once placed upon a course of Carlsbad water and the steam baths of Sprudel salt solution. Six tumblers of the water were ordered to be drunk each day, with a twenty minute bath morning and evening. Localized galvanism (descending nerve current) was administered for her neuralgia, which soon subsided.

After forty baths, a distinct relaxation of solidity in the gouty concretions was noticed, and they began to disappear. The neuralgia

was relieved after a week. In two months all joints were normal, and clinical tests demonstrated absence of uric acid.

Baths were then abandoned, and doses of Sprudel salt ordered occasionally to keep the bowels soluble. A year has now passed since treatment was finished, and Mrs. S. continues in good health.

CASE III. A. Y., man, age forty-five years, a resident of Newport, R. I. Five years ago contracted acute rheumatism from exposure, which finally became chronic from poor care and constant, necessary hard work in a damp locality. Treatment was commenced a year ago, at which time the entire system was charged with uric acid. There were copious brick-dust urinary deposits, concretions in finger-joints, firm contractions of fore-arm muscles, "main-ewgriffe" and great weakness. In short, a more unpromising subject would be hard to find.

It was an evident fact that nothing could be done for the diseased condition until the man was placed in a more favorable environment, and by persistent effort he was secured admission into one of the charitable institutions of the state, where he was well fed and comfortably housed, with an opportunity for all needful medical care later.

When he began to grow stronger, and show some signs of desire to live, he was placed on the Carlsbad water cure, steam bath plan. For the first two weeks no water was given internally, and but one bath a day, with plentiful nourishment.

On the fifteenth day he was given four half-pint tumblers of Carlsbad water, at a temperature of 100° F., which being well borne, were increased to six daily within another week, and the baths doubled.

Improvement followed the fourth week, and the water cure was suspended for a month, to allow nourishment to be pushed, when it was again resumed and continued for a month. With these intervals for rest, the Carlsbad treatment was followed a year, with the comfortable result of restoring Mr. Y. to such comparative health that he is able to do light work and be of some productive value in the world.

CASE IV. Mr. G., aged fifty, independent gentleman, resident of Providence, consulted me in 1889 for gout of the sub-acute form.

Digestion had become seriously impaired, and pain of a nagging kind was scarcely ever absent from the legs and feet.

Fever ran quite high every night, and the

urine was loaded with particles of gravel, none large enough to cause serious interference with micturition, but all, when placed under the microscope, of sufficient size and sharpness of angles to account for the irritation that was present in the urethra.

Mr. G. came to me to be treated for nervous exhaustion, but upon making the necessary examination I decided that the exhaustion was dependent entirely upon his gouty condition, and placed him upon the treatment by Carlsbad water and the Sprudel bath. He was forbidden the use of wines and stimulating food, and given a sufficient quantity of the Sprudel salts each morning to insure a free evacuation of the bowels. No tonics were ordered, and he was directed to abstain from all exercise. The diet list was brought down to the simplest possible food, and his hours of eating changed from breakfast at eleven and dinner at eight, to those usually customary in America. After a week of this functional rest he was directed to take three tumblers of water, slowly, at six, eight and ten o'clock in the morning; at eleven a vapor bath was administered, and two hours rest followed, and a light breakfast of farinaceous food. A carriage drive of an hour or two occupied the greater part of the afternoon, and after a light nourishing dinner at six o'clock he was ordered to retire to bed and retain a recumbent posture until five the next morning; at that hour massage was administered thoroughly, followed by a tumbler of hot milk. This regime was continued for five weeks, at the expiration of which time a careful examination was made of blood and urine without finding any trace whatever of uric acid. His gout had disappeared, and the joints of the toes which had commenced to enlarge, became flexible, and began to diminish in size. He was then permitted to add to his diet list, lean meat of any kind and claret wine. The one tonic employed was general faradization a half hour daily. His condition promptly improved, and in one year after the cessation of treatment, Mr. G. was in most vigorous possible health, and made a long visit to Europe, whence he returned, I regret to say, in about the same condition as when he first consulted me, with the exception that there were then actual attacks of gravel, and I found that he had passed two or three well-formed uric acid calculi. I placed him at once upon the same treatment as before, with the same gratifying result, and am under the impression that a

repetition will be necessary as often as cure is attained. The case, however, is one which shows, in the strongest possible light, the remarkable and rapid gain in these conditions from the use of Carlsbad water and Sprudel salt.

CASE V. Mrs. E., aged thirty-seven, American, came to me in October of last year for a nervous trouble supposed to be reflex from irritated ovaries, and probably salpingitis. She was anemic, nervous to a very high degree, with capricious appetite, and with all of the secretions in an abnormal condition. She had used opiates to a considerable degree, and was fast becoming addicted to its use.

A careful examination failed to reveal any great amount of trouble of the ovaries or tubes, and what was present was diagnosed as being of a reflex character, as well as all of her abdominal pains. A careful examination of the water showed a remarkable excess of uric acid, and was loaded down with brick-dust deposit. A carefully selected diet, general faradization every day, taking away of all opiates, plenty of regular exercise, together with three goblets of Carlsbad water every day, supplemented with a dose of Sprudel salts every morning to keep the bowels soluble and regular, completed a perfect cure in three months' time. She is now wholly well and hearty, and seven months pregnant.

It would not be difficult to multiply cases, but these five seem to me so fairly illustrative of the uses and worth of these waters when far from the place where bottled, and so good a showing of my methods of using them in vapor, that I submit them without further remark.

Correspondence.

Letter from Philadelphia.

Editor Indiana Medical Journal:

In former times the great obstetricians of Philadelphia wrote our text-books, and gave law to the science of obstetrics in the Western Hemisphere. Dewees' book went through eleven editions, Meigs' through almost as many, and although Hodge's was not so fortunate, his great work on the mechanism of labor is not yet out of print, and may still be consulted with profit by those desiring a scientific knowledge of midwifery.

In their time the man who filled the chair of obstetrics at the great medical schools was supposed to teach gynecology also. This

was easy enough at that period, for gynecology was taught on the basis of a preconceived system or theory, and it mattered not what the diagnosis, the treatment was the same. Did you follow the mechanical school, a pessary was all the therapeutic resource needed. Did you see in every case ulceration, behold the caustic was mighty to heal. Now the reverse obtains. Philadelphia has great gynecologists, who are also obstetricians when they have time, but the scientific accoucher, pure and simple, is not very numerous. Goodell, of the University, is an occasional contributor to current medical literature on obstetric subjects, and is conceded to be a good practical obstetrician; but his labor and fame as a gynecologist have quite swallowed up his reputation as a master of the more primitive art. Joseph Price has charge of the Preston Retreat, a maternity hospital for poor but respectable married women, in which about two hundred and fifty confinements occur year. Although either as a practical or scientific obstetrician has few equals, yet his great success and fame as an abdominal surgeon have quite overshadowed his work in the purely obstetric field. Theophilus Parvin has made a great hit with his book, and there is a large and growing demand for it in Europe, which is very gratifying to both publishers and the friends of Dr. Parvin. Whilst he does some excellent work in surgical gynecology, his fame must rest principally upon his book. In the literature of the art, and in a knowledge of cognate subjects from which side lights may flash athwart his mental vision, has no equal. He is a man of lovable character, and his friends and admirers are legion.

Dr. W. H. Parish, who is now president of the Obstetrical Society and fills the Chair of Obstetrics at Dartmouth Medical College, ranks very high in this special department of medicine. He is a brilliant talker, a good operator, and is one of the few elderly men who has been able to keep step with modern theories and conforms his practice to the most advanced thought and improved methods of the profession.

There are two younger luminaries who are just rising above the obstetrical horizon—Dr. Edward P. Davis and Dr. Barton Cooke Hirst. Dr. Davis is a Western man, and came here from Chicago a few years ago. He is now editor of the *International Journal of the Medical Sciences*. Professor of Obstetrics at the Polyclinic, Obstetrician to

Blockley Hospital, and one of the attending physicians to the Philadelphia Maternity at 11th and Cherry streets. He has in a marked degree the Western knack of "*getting there*" when he starts for anything, is a fine scholar, a brilliant writer, a fluent, clear and elegant lecturer, an excellent and enthusiastic teacher, and at no distant day will exercise a very marked influence on the teaching of obstetrics in this city.

Dr. Barton Cooke Hirst mixes gynecology with his obstetrics, and although his position as Professor in the University of Pennsylvania and his *System of Obstetrics*, lately published, have brought him prominently before the public as a teacher and writer on obstetrics, yet I venture the opinion that he values eminence as a gynecological surgeon much higher than the reputation to be acquired by great success and skill in the field of midwifery.

Among physicians William Pepper and J. M. DaCosta are without rivals. Pepper is an elegant and graceful speaker, a thorough medical scholar, a profound thinker, a clear, forcible and remarkably instructive writer, and unites with his other numerous attributes that rarest of all—great executive ability. As a medical politician he stands without a peer. Under his administrative hand the University has prospered beyond any period of its previous history. Everything he writes is eagerly snapped up by publishers. He has made a fortune off his *System of Medicine*.

DaCosta, so far as his fame is concerned, might have died when he finished his great work on *Medical Diagnosis*, for then his original work was done. He has produced nothing since worthy of his great fame. He is disappointing as a lecturer in that there is a *dilettante* air about the manner in which he expresses himself, that greatly detracts from one's preconceived notions of what the author of DaCosta's *Medical Diagnosis* ought to be. He lacks both force and elegant fluency. DaCosta is a very fashionable physician, but he is not the kind of a man by whom great discoveries are worked out, or who will be the first to push to its legitimate results any hint thrown out by a medical pioneer, like Koch or Pasteur. In appearance he is a compromise between a well-fed Englishman and a French professor of the terpsichorean art, and is the very personification of medical conservatism.

Philadelphia medical circles are divided

as to whether Dr. Roberts' Bartholow is the victim of a conspiracy, or is really unbalanced. Those in immediate relation with the Jefferson Medical College maintain that he is totally unfit to discharge his duties as a member of the faculty, while others claim that there is a "nigger in the wood-pile." Knowing Bartholow as Western people do, it is a matter of no small wonder that he did not sooner come to grief. He is by nature a fighter, and wherever he goes he stirs up the animals, and invariably with a very sharp stick at that. As a writer and teacher he has never been excelled, and his popularity with the students was unbounded. All these things are unpardonable sins in a man imported from the "wild and woolly West." Had he been the son of his father, the nephew of his uncle, or had he been even a cousin to one whose great grandfather was sired by some old medical wheel-horse, he might still be pouring common-sense and practical ideas into the great classes that yearly pour forth from the far-famed halls of "old Jeff." As it is, though, he is almost forgotten, so quickly do the waves of oblivion close over one in a great city, after he is cast overboard by his colleagues.

Among the younger medical men, Dr. S. Solis Cohen, Dr. Thomas J. Mays, and Dr. Frank Woodbury rank very high. Frank Woodbury is one of the few medical men of Philadelphia whose appearance is fully equal to his reputation. He is one of the brightest-looking men now teaching medicine in this city. He has a charming address, and is a great favorite with all who know him. He lectures at the "Chi."

But of all the purely medical men of this place, the greatest mind and the greatest man is Dr. T. Weir Mitchell. Although physically he is beginning to show the effects of age, his mind is as bright and active as ever. His clinics at the Orthopedic Hospital are simply delightful medical *soirees*. He sits in a chair, gathering the patients and doctors about him like a large family of children, while

"Bright-eyed fancy hovering o'er, scatters from
her golden urn
Thoughts that breathe and words that burn."

Just a few days ago, while discussing with one of the eminent surgeons of the city the subject of tenotomy, his fertile mind suggested a method for dividing a tendon so that it might be lengthened without leaving a space to be filled by connective tissue alone.

It was at once put into practice on a patient wit the happiest results. It consists in splitting the tendon in the median line, then cutting each half at opposite ends of the split and on opposing sides, sliding the halves on each other till the desired length is obtained, then sewing together with catgut, thus:

Let A  B

be a tendon which it is desired to lengthen. Then split in the median line from *a* to *b*, and cut one-half on the side *b*, and the other on the side *a*, and slide from *a* to *c*, separating likewise the points *b* and *d*, stitching the parts *c d*. Whether as novelist, poet or physician, Weir Mitchell is great and original. His kindness and suavity are proverbial, and the younger men of the profession love and respect him. He is far above the reach of envy, and malice is disarmed in his presence.

The hospitals in this city are almost countless in number, but the principal ones used for giving clinical instruction are Blockley and the Pennsylvania. The latter is used most by the Jefferson, the former by the University students, though both Jefferson and the University have spacious hospitals of their own. The Pennsylvania Hospital is one of the oldest in America. It was founded and the principal wing built in 1752. There is no part of it less than one hundred years old. In its amphitheatre is hung Benj. West's great picture of "Christ Healing the Sick." It was painted expressly for this hospital, and was the first great picture of the artist that attracted the attention of critics to his genius. Although over one hundred years old, its colors are as bright, its tints as fresh, and its outlines as clear as if painted but a year.

The Jefferson Medical School has this year over seven hundred students, and the University over six hundred. Although the University has long had a three years' course, she has the largest freshman class this year that she has ever had, and the faculty are seriously considering the question of making the course four years instead of three. The Jefferson has adopted the three years' course from now on, and the "Chi" has had a graded three years' course ever since it was founded. If any one fails to get a good medical education in Philadelphia, it will not be from shortness or other defect in the various courses of lectures.

The University of Pennsylvania is, perhaps, the most completely equipped medical

school in this country. It is a university in fact as well as in name, and every one of its departments is most exacting in its demands for thorough work. Even in its Veterinary Department the same thoroughness and exactness of instruction, the same profusion of clinical material is maintained as in its Medical Department. The buildings, both in respect of room, costliness and elegance of construction, and the adaptation of means to ends, are unsurpassed in the world. They are built of gray granite and Pennsylvania serpentine—a stone the beauty of whose color adds much to its value for building purposes. There are two large hospitals in immediate juxtaposition where clinical instruction can be had daily.

The Medico Chirurgical College, or as it is called by the students the "Chi," has not so many attendants as either of the other schools, but its classes are quite respectable in size. Its faculty are mostly young men, and have the ambition, push and energy that characterize men of their age. Montgomery, Laplace and Woodbury are the brightest men of this school, while all are men of fair ability, except perhaps one or two old fossils, who have been dug out from the lower silurian of gynecology at least, and will no doubt be some day petrified, with a uterine sound in one hand and a bunch of cotton in the other.

It is hard for an outsider to see the necessity of a third school here, for certainly Jeff. and the University supply everything needed in the way of medical and surgical training. But two schools can not furnish professorships enough to supply all the ambitious men of the profession; hence a new school must be started "*to raise the standard*," and to enable a few more to hear the sweet sound of their own voices day after day, and to hear themselves called "*professor*." Well, if the title was as cheap here as it has become out in Indiana, one would almost as soon be accosted with plain "Doc," and then not feel very greatly honored.

Ether is the universal anesthetic here, few giving chloroform even in midwifery. Accidents with ether have been very few, and they handle it with the greatest confidence. Antisepsis is rapidly losing its hold on surgery, and is being replaced by strict asepsis. This is due largely to the success of the abdominal surgeons, who almost all discard chemicals for hot water.

W. H. LINK, M. D.

Philadelphia, Feb. 3, 1891.

The Indiana Medical Journal

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The members of the Profession of this State, whether subscribers or not, are especially invited to send their contributions to this journal.

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Short practical articles, reports of Society meetings, and medical news solicited.

The Editors are not responsible for the opinions of contributors.

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MEDICAL LEGISLATION.

We are in full sympathy with the legislation proposed by the Marion County Medical Society, published in the February number of the JOURNAL. The evils which this law seeks to abate, and the elevation of the standard of qualifications which it requires, ought to meet the approval of every fair-minded man in or out of the profession of medicine.

It contains no discrimination against any school, 'pathy or 'ism. It disturbs no man now in practice in the State. It brings our State into line with Illinois, Minnesota and other of our sister States, and redeems us from the odium of being the dumping-ground of quacks and charlatans.

An organization for the purpose of defeating this law has been effected at Logansport, and a circular, full of misrepresentations of the provisions of the bill, together with a warm appeal to all irregular physicians for money to fight its passage by the issue of printed matter, and the employment of a lobby of strong men, has been issued and circulated.

Probably the clamorous outcry against the bill comes from those who fear the power the law gives to the State Board of Health to abrogate charters of disreputable colleges, annul diplomas, and revoke the licenses of unworthy and disreputable physicians. We see no reason why any honorable physician of any school should fear the State Board of Health, which is now, and is likely to be in the future, composed of honorable and liberal minded gentlemen.¹

Dishonorable and disreputable men ought not be able to exert any considerable amount of influence against the passage of wholesome laws. It hath been said that the wicked flee when no man pursueth, and we feel warranted in forming an opinion as to the character of those who tremble in anticipation of the passage of wholesome laws.

Quack Crowley, of Terre Haute.

Our readers will remember our exposure, in a former issue, of "Dr. T. N. Crowley," the quack, who plies his trade in Terre Haute. From one of Crowley's circulars, just received at this office, it seems that our exposure of his ignorance, cupidity and dishonesty has caused him to abandon his former specialty of "Male Diseases." He now comes forth as a full blown specialist in ophthalmology, otology and rhinology. His circular is headed "Confidential," in which he informs the profession that he has been established in Terre Haute since 1881, and devotes his entire attention to eye, ear and throat diseases, and the application of spectacles to correct all forms of defective vision.

He offers *ten per cent.* of all money he receives from patients to the physicians who recommend them to him. "I desire," says Crowley, "that you would keep this confidential, and in recommending patients you should always send them with a letter of introduction signed with your name and Dr. or M. D., so I will be able to remit commission to you promptly, in case the patient comes under my care from your recommendation.

In recommending cases you should at once advise me by letter (not postal card) of the circumstances of the patient, so I will be able to estimate what would be the proper charge; in this way you see we can work to each other's advantage."

Crowley says he is so well known that it is superfluous to make any reference to his skill, and "particularly calls your attention to the fact that I am the only one in this locality who makes a specialty of the subjects named."

He closes his circular with the following: "I do not advertise broadcast, and only conduct my business according to a professional standpoint." Won't some one of the respectable practitioners of Terre Haute please kill Crowley with a club?

Treatment of Diphtheria.

Frank A. Coward (*Brit. Med. Jour.*) gives the following as the most satisfactory treatment of diphtheria: For a child of three or upward: Tr. fer. perchlor. one drachm; liq. hyd. perchlor. one ounce; glycerine, ad. two ounces. Sig.—A dessert-spoonful every hour from four to six hours, then every two, three or four hours, as the case may require.

For an adult: Tr. fer. perchl. two drachms; liq. hyd. perchl. one ounce; glycerine, a half ounce; sol. pot. chlor. ad. eight ounces. Mix and give a teaspoonful each hour, and repeat as in the case of the child.

He avers that with this treatment local applications are not needed, and in his hands do far more harm than good. In severe cases poultices and the steam kettle are certainly beneficial. After four or five doses in most cases the membrane becomes dull and soft, and inclined to pucker up; by the end of twenty four hours it is almost like mucus, and ready for expectoration; and by the end of forty eight hours nothing but an inflamed sore throat remains. It is claimed that salivation is not at all likely to follow this treatment, and in sixty cases thus treated there was not a single fatality.

The Relation of Albuminuria to Puerperal Eclampsia.

Dr. William S. Gardner, in the *Therapeutic Gazette*, contributes a valuable paper on the Relation of Albuminuria to Puerperal Eclampsia, from which he draws the following conclusions, somewhat at variance with generally accepted notions:

1. The presence of albumen in the urine of a pregnant woman is no sufficient cause upon which to base a prognosis of probable eclampsia.
2. The failure to find albumen in the urine of a pregnant woman is no evidence of the absence, or at least of the continuance of the absence, of the condition that gives rise to puerperal convulsions.
3. Albumen is so frequently found in considerable quantities in the urine of patients immediately after the appearance of puerperal convulsions, that we are justified in making the statement that the convulsions are the probable cause of the albuminuria.

NOTES AND COMMENTS.

Dr. Kupke, of Posen, recommends rhus aromatica for enuresis. Our experience is that the treatment is very efficacious.

The grippe seems to have firm hold upon many persons in this city, but, so far as we have seen it, in a somewhat modified form. There seems to be less of the neuralgic pains than in the great epidemic last year.

The new Police Commissioners of Indianapolis did a wise thing when they selected Dr. S. E. Earp for Police Surgeon. We congratulate Dr. Earp, the Commissioners, and the citizens of the city upon his selection.

The Mississippi Valley Medical Association will hold its seventeenth annual session at St. Louis, Wednesday, Thursday and Friday, October 14, 15 and 16, 1891. A large attendance, a valuable program, and a good time are expected. All members of the medical profession are invited to attend.

Dr. W. H. Bentley, of Kentucky, has found arsenite of copper a very valuable remedy in diarrheal troubles, even in inveterate cases of chronic diarrhea.

Dr. Jeffries reports his experience in the treatment of ten cases of chorea with sulphonal. He finds sulphonal very efficient when combined with arsenic. These cases are reported in the *Weekly Medical Review*.

Dr. John T. Nagle has prepared a table showing the number of deaths from phthisis, pneumonia and from all causes, in the city of New York for the last decade. The percentage of deaths from phthisis to the total deaths in the city was 14.12.

The *Southern Medical Record* says: It appears to be not generally known that the soluble sulphates completely antidote either carbolic acid or creasote, no matter how given, for when they meet they form a harmless compound (sulpho carbolic acid).

Surgeon-Gen. Balfour, Honorary Physician to the Queen of England, died in London on January 17th, at the age of seventy-eight years. English journals are full of tributes of profound respect and esteem for this veteran physician, whose memory could go back to Walter Scott, Allison, Chambers, Chalmers and John Brown.

Dr. Jonathan Hutchinson (*Boston Medical and Surg. Jour.*) recommends for the treatment of epistaxis, the plunging of the feet and hands of the patient in water as hot as can be borne. He declares that the most rebellious cases have never resisted this mode of treatment.

F. E. Varney, of Union, Mo., says of acetanilid in labor:—"In twenty or thirty minutes after giving four grains the pains increase in severity and become more regular, and labor goes on favorably, where before there had been weak, irregular pains, with little or no advancement. In my hands it works better than quinine or chloral."—*World*.

The *Pharmaceutical Record* says the following is an excellent menstruum in which to administer quinine, in order to mask its taste:—Mass licorice, hot water, glycerine, each 20 parts. Dissolve and cool, then add alcohol 10 parts, and water 10 parts, or enough to make 80 parts in all. Each teaspoonful will mask three grains of quinine.

According to the *Memphis Med. Journal*, a prescription of half an ounce of salicylate of sodium with half an ounce of syrup of orange peel, and enough mint-water to make four ounces, is recommended in the dose of a dessert-spoonful every three or four hours, until the specific action of the salicylate—that is, ringing in the ears—is produced, is an excellent treatment for "colds." It is claimed that aching in the brow, the eyes, and the nose, together with the sneezing and the nasal discharge, will then cease, and will entirely disappear in a few days, not leaving, as is usually the case, cough from the extension of the inflammation to the bronchial tubes.

If true this beats Dr. Koch's treatment, and is less dangerous: Dr. Coromilas, Kalamata, Greece, in 1889, while in France, published his first observations on the effects of carbon bisulphide inhalations in phthisis. Since his return to his own country he has continued the experiments, which, by the way, are based on the fact that carbon bisulphide vapors he noticed to be deadly to Koch's bacillus. In sixteen months, sixty-one cases were treated by the inhalations, combined with calcium phosphate, administered in the usual way. The results have been thirty-nine radically cured, four cured after a second treatment; twelve felt so much improved that they went home, thinking themselves cured; and, lastly, ten, the worst cases, died. The treatment was employed with equal success by other Greek physicians, and notably by Dr. Economopoulo, who thus saved his own brother, aged over fifty, who hitherto failed to derive any benefit from other medicines.—*The ap. Gaz.*

Dr. T. J. Heard says (*N. Y. Med. Times*): In nineteen cases out of twenty, infantile spasms may be arrested in one minute by the application of one or two dry cups on the back from the seventh cervical to the first dorsal vertebra. This will secure a remission, during which purgatives, emetics or anything else that indications require, may be used.

We have received the initial number of *The Prescription*, a monthly journal devoted entirely to Practical Therapeutics, published monthly at Danbury, Conn., edited by Wm. C. Wile, A. M., M. D. The page is small, the appearance neat, and it is proposed to collect gleanings from any source that promises help to the physician in therapeutics. We wish *The Prescription* success, and trust that its readers may study the forms therein given, and by that means avoid degenerating into formulary practice.

Alexander Rixa, M. D., of New York, has found peroxide of hydrogen a very successful means of preventing hay fever. He says (*Therap. Gazette*):—This year I treated six cases in all, four of which have been habitual for years to hay fever proper without complications, while the other two used to have the disease aggravated with reflex asthma and bronchial catarrh. I succeeded in preventing the outbreak of the disease in every individual case. The treatment was very simple, as follows: I ordered them to my office two weeks before the usual onset of the disease. I advised them to irrigate the nose with a warm solution of chloride of sodium four times a day—morning, noon, evening, and on retiring; and a few minutes after the cleansing of the parts, had the nares thoroughly sprayed with peroxide of hydrogen, and c. p. glycerin, half and half. Those subject to a conjunctivitis, I prescribed a two per cent. solution of boric acid as a wash. At this period no internal medication was given, but three days previous to the usual onset I prescribed phenacetin and salol, five grains of each three times a day.

The Doctor's Wife.

BY ONE OF THEM.

The doctor, his habits, character, and plan
Of treating each case since the world began,
Are subjects stale,
Which of course entail
Endless discussion; yet I'm sure you'll agree
That doctors are human, whate'er else they be.

By "human" I mean they're not too scientific
To feel Cupid's wounds, or a passion terrific;
That often they miss
Connubial bliss;
Thus showing "incompetence," "ignorance," or "haste,"
Or a grave disregard for the "points" of the "case."

In the choice of a wife they are just like their brothers,
Of less education; and the same as the others
Know sorrow and strife
In this "case" of their life,
As the "symptoms" grow worse, prove a wrong "diag-
nosis,"
And friends calmly point to a dark "prognosis."

Some doctors are known to be governed by reason;
To look upon love us "professional treason."
Such should never marry
Less than an "apothecary;"
A female of forty, all angles and brains;
A long, lean "assistant" in professional aims.

Five times out of ten, though, you're sure to discover
This man with a wife, who, in some way or other,
Proves a clog on the wheel
Of professional zeal.
If she's pretty, however, good-tempered and young,
He is sure to consider his heaven begun.

Perchance he is tied to the woman who rants
Of medical "ethics," and wants to wear pants;
A "sweet home" chestnut-bell,
Who makes life a hell;
A forbidding woman who seems to lack
All delicate feeling and womanly tact.

Or, suppose while he's modest, she's "sharp as a tack,"
(Just the sort of woman to marry a "quack,")
And she calls on the sick,
Employing each trick
Of the traveling doctor and charlatan,
To paint her husband a Wonderful Man!

But after all we are bound to consider
The doctor's wife as he may have found her;
Gentle, intelligent, and free
From vanity; able to see
The duty nearest; with perfect health,
And a great warm heart, more precious than wealth.

Dr. Jas. A. Lydston, late chief of Eye and Ear Department, Pension Bureau, Washington, D. C., and Professor of Chemistry in the Chicago College of Physicians and Surgeons, has removed to Denver, Col., where he will re-enter the practice of his specialty.

*Practical Medicine.***The Koch Treatment of Tuberculosis.**

BY THEODORE POTTER, A. M., M. D.

Lecturer and Demonstrator in Bacteriology, Medical College of Indiana.

Early in January the writer went to New York, chiefly for the purpose of observing the Koch treatment of tuberculosis. The "lymph" had been in use in the hospitals of Philadelphia and New York for about three weeks: too short a time to furnish any reliable data as to curative effects, but sufficient to show the peculiar immediate effects of the treatment in the various forms of tuberculous disease.

The first observations were made in Philadelphia. Here the University of Pennsylvania has a committee in charge of the experiment, Dr. J. William White being chairman. In the University Hospital was a series of pulmonary cases which had been receiving the injections for periods varying from a few days to two weeks. In harmony with the general plan in this country small doses had been given, reactions were very moderate, and in some cases almost unrecognizable. A case of enlarged glands of the neck had showed a typical reaction after each injection. Aside from the interest of seeing the lymph, the injections and the resulting reaction, nothing was to be learned in a short stay in the Quaker City. No one had had enough experience to warrant any conclusions.

In New York the Koch treatment was under way in St. Luke's, Mt. Sinai, the Post-Graduate, Polyclinic, St. Francis and Bellevue Hospitals. At St. Luke's cases representing the various forms of tuberculosis were under treatment, Dr. F. P. Kinnicutt being in charge of the experiment. Everything was being done to bring it as close as possible to an objective basis. Most careful records of the previous history, present condition and progress were kept. The Koch syringe was used, no stock dilutions were made; the material for each day's use was prepared at the time

with simple distilled water. Koch himself has stated that this plan is the best.

The greatest courtesy was shown by Dr. Kinnicutt in the way of opportunity to study the cases. The same is true of the Post-Graduate Hospital staff. It at once became evident that a longer time than that planned for at the start would be necessary to gain any satisfactory experience, and also that it would be far better to study the cases in a few institutions from day to day than to go about from place to place, and from one new case to another. The carrying out of this plan, with other work, protracted the stay in New York to the end of January. By this time some cases were under observation which had received the treatment for a month or more.

As to results, the statements being based simply on what was seen: There can be no doubt of the powerful nature of the Koch lymph. There can be no doubt also of its pronounced effect upon the human body. The supposed selective action on tuberculous diseases seems also to be present and quite constant. Whether in every case tuberculous disease will respond by reaction to the lymph, and whether reaction under ordinary doses always means the presence of tuberculosis, is still uncertain. Skepticism seems to be rising upon these points. Its constant and absolute diagnostic value can not be said to be demonstrated. There remains, however, a very striking affinity for tuberculous lesions, which seems to distinguish it from every other known agent. This peculiar action, showing so distinctly in lupus, is held by many to settle any question as to the tuberculous character of that disease.

In the way of curative results, the most pronounced have, by general consent, been seen in lupus. Though rare, especially in this country, a number of cases have been apparently almost cured by the treatment; in others marked improvement has taken place. How radical and permanent this is, time will have to tell. Some early joint cases have been supposed to be cured. So far as the writer's

experience has gone, no very flattering results have been obtained in advanced cases. The most that is expected or hoped for at present is, that the treatment may arrest the disease, allowing surgery to step in as before, but with better prospects of radical cure. This Koch stated at the start.

The greatest interest has of course centred around the pulmonary cases. It is well, in justice to Koch, to bear in mind his position. As will be remembered he, in his now famous publication of November 14th, laid the greatest emphasis upon the belief that the pulmonary cases suitable for the treatment were those in the earliest stage. For this reason it was that he urged so strongly the importance of early diagnosis. He himself reports several cases, among the first treated, which were apparently cured, and in which the cure has remained. He has given definite reasons why we are not to expect great results in advanced cases. Doubtless one reason for the tide of skepticism which seems to be rising is, that a large per cent. of the lung cases under treatment have been such as are ordinarily found in hospitals, or those who, knowing themselves victims of advanced consumption, are eager for the new "cure."

From personal observation the writer believes that improvement has taken place in early cases. In those well advanced he has not seen sufficient to warrant him in expecting much. Yet such an authority as Sir Joseph Lister has expressed the hope that the same agent which seemed to arrest early cases, might, applied in small doses over a long period, arrest also those in a more advanced stage. We shall see; time will tell. Virchow's opinion that the local reaction might set free tubercle bacilli to be carried throughout the body, causing new foci of disease, and his description of autopsy findings in support of this view, seems not impossible. If nothing more, it serves to give caution to the experiment. The writer's experience, now covering over a hundred cases, has not included any in which recognizable harm was done.

In this country the disposition to caution, small doses, and guarded increase, has prevailed. This is as it should be. The whole matter is as yet experimental; a hundred questions arise in connection with it, and only long, patient, close watching, and the experience of many months, can clear them up.

The treatment was begun in the Indianapolis City Hospital, February 4th. There are at present writing seven cases under observation. Here, as elsewhere, the applications were chiefly on behalf of advanced consumptives. If the Koch lymph will arrest the disease in the two first cases of pulmonary tuberculosis treated in this city, it will be a marvel indeed. That this is not expected need hardly be stated.

The lymph used has been that sent to President Harrison by the German authorities, and by him given to Indianapolis for experimental purposes. The immediate effects have been characteristic, and whatever the suspicions as to other supplies sent to this country, there seems no reason to doubt the genuineness of this.

All we can do at present is to follow directions and indications, watch and wait and keep cool. There will be abundance of time and opportunity to apply specifics for tuberculosis after it is proven that they are specifics. In the meantime let it not be forgotten to destroy the tubercle bacillus wherever hands can be laid upon him. This much at least we know we can do.

New York Notes.

New York has come to be the unrivaled medical centre of the continent. In number and magnitude of its institutions, and its group of masters in the various departments of medicine, it is beyond comparison. Here, too, in the Post Graduate and the Polyclinic, with the great group of allied hospitals, is the centre of post-graduate teaching. There are splendid institutions and able men elsewhere, but the head and trunk of the body-medical are in New York. And of this body, the heart is the Academy. There is much

truth in the statements made in the recent inaugural addresses and repeated by a visitor at a recent meeting which the writer had the pleasure of attending, that the professional work of America centres in the New York Academy. The profession throughout the country looks to it to maintain a standard, scientific and ethical. A peculiar responsibility, therefore, rests upon it, which we are led to believe by the addresses referred to is fully realized. Great interest, too, gathers about the reports of this leading society; the profession watches for them and reads them with both interest and profit. The New York journals, therefore, will do well to continue giving regular and full accounts of the proceedings of the Academy. Indeed we have no hesitation in saying that these reports constitute the most valuable features of the metropolitan medical press.

It is with a feeling of both pleasure and something of alarm that one visits the clinics and dispensaries of New York. The vast amount of clinical material furnishes the best of opportunities for study and practical work, such as can be found nowhere else in the country. But when one sees the immense number of patients flocking to these places, many of whom are evidently fully able to pay for medical services; when he sees with what indifference the members of the staffs accept for treatment those whom they know are under the care of honorable and competent men in private practice, and how, often recklessly and without knowing the history of the case, they comment upon and criticise the previous diagnosis and treatment, he is led to wonder what we are coming to. The elegant Vanderbilt clinic invites and takes, apparently without discrimination, well-to-do and poor, needy and affluent, deserving and deceivers. So too, apparently, does the Presbyterian. The Post-Graduate and the Poly-clinic do not seem to be looked upon by the mendicant *elite* as being quite so aristocratic as Vanderbilt and Murray Hill, but they are rising rapidly in popular esteem, while the Manhattan Eye and Ear might almost be

thought an opera house, did one judge by the numbers and character of the crowds issuing from its doors.

The profession has protested, the journals have scolded and threatened, but still it goes on, *and in the name of charity*. If this be charity we do not recognize it in its new garb. May our own city, for the sake of both its people and its physicians, long be spared the development of this new form of prostitution.

Angina Pectoris.

Dr. Austin Flint says: "That angina pectoris has a pathological connection with organic disease of the heart is certain; but upon what particular condition or circumstance, common to different forms of organic disease, it depends, is not ascertained."

The theory adopted to-day regards the malady as a neuralgia of the cardiac plexus—sometimes idiopathic, at others symptomatic of lesions of the heart and of the great vessels. The opinion generally admitted is that the disease is sometimes a simple syndrome dependent on structural lesions of the heart or other organs, and at others a simple neurosis or a neuralgia not due to any appreciable lesion.

Aortic insufficiency, aneurism, and fatty and other degeneration of the heart muscle are the principal anatomical lesions reported by the older writers. Changes in the nervous apparatus of the heart have been noted by late observers, who have found microscopic evidences of inflammation in the cardiac plexus. Some suppose the primary lesion to be in the spinal cord. Whether this be true or not, it is known that the starting point of angina is most often in the domain of the pneumogastric—that is to say, it may be cardiac, gastric, or pulmonary.

The prognosis is favorable where the cause is tobacco, cold, or reflex of the vagus, provided the cause be removed. Where there is organic complication the danger is greater; but typical cases of angina pectoris have been known to survive twenty years or more, the patient taking moderate exercise during this time.

If angina pectoris is symptomatic, there is but little chance of a cure. During the attack a few whiffs of ether or chloroform may be carefully inhaled, but nitrite of amyl is much better. It is recommended that the patient should carry a small vial with him

all the time, so he may be ready to ward off a threatened paroxysm. Nitrite of amyl is not a specific, but is indicated where there is much blood pressure. Use chloroform and ether with great care, as they are depressing. Nitro glycerine is said to be the best remedy to relieve the paroxysm and prevent its recurrence in many cases.

Placing the feet in hot water is a valuable adjunct to the treatment. Dry friction, hypodermic injections of morphia, dry cups between the shoulders, with the administration of stimulants and anodynes, are also useful. Revulsive application to the chest and swallowing pieces of ice have been found useful.

Trousseau regarded the malady analogous to epileptic seizures; hence he called it cardiac epilepsy, and advised long continued use of belladonna as a preventive.

Indications for treatment during the paroxysms are—

1. To relieve pain, which may be done by hypodermic injections of morphia or inhalation of ether or chloroform.

2. To stimulate the heart to action—done by use of brandy, whisky, or sulphuric ether by hypodermic injections or by the mouth.

3. To keep or maintain a continued rhythmic action of the heart, and to diminish the arterial tension, which is best done by nitro glycerine, nitrite of amyl, or electricity or galvanism. The cases most amenable to treatment are the purely cardiac kind, without any cardiac lesions.

The patient should avoid all commotion—moral and physical; he should lead a quiet, cheerful life, and should religiously abstain from tea, alcohol and tobacco.—*Virg. Med. Monthly.*

Three Diagnostic Signs of Melancholia.

During the session of the Medical Society of the State of New York, held February 5th, Dr. Landon Carter Gray, of New York, read a paper upon the Three Diagnostic Signs of Melancholia, it being the second communication upon this subject which he had made, the previous one having been made in the summer of 1889, to the American Neurological Association. He read histories of sixty cases in which there were present all three or two of the following symptoms: (1) Melancholia of a peculiar type; (2) insomnia; and (3) a peculiar sensation in the back of the head and neck, to which he gave the generic name of the "post-cervical ache." The melancholy was a fixed and organic melancholy

indicated by a sad and slightly suspicious facies, slight dullness of the mental reflex, and often accompanied by melancholy or terrifying delusions and hallucinations—rarely by illusions. The insomnia varied from almost complete loss of sleep, persisting for months, to a loss of one or two hours of the usual length of slumber. The post-cervical ache consisted of a sensation that was variously described by different patients as a tingling or numbness, or a hysterical feeling, or positive aching, or actual neuralgia, and is felt somewhere between the back part of the vertex and the lower part of the neck, or sometimes extending throughout the whole of this region, being most frequently found in the occipital region. Dr. Gray then went on to state the points of differential diagnosis as offered by this triad of symptoms between true melancholia and neurasthenia, hysteria, ordinary insomnia, occipital neuralgia from various causes, etc. And as slight cases of melancholy are *per se* very frequently indistinguishable from other neurotic disorders, he thought this means of differential diagnosis would prove to be of invaluable service, not only in diagnosis, but also in prognosis and treatment.—*Ibid.*

Surgery.

Hydrocele—A Clinical Lecture.

BY J. A. COMINGOR, M. D.

Professor of Orthopedic and Clinical Surgery, Central College of Physicians and Surgeons.

This man, aged about fifty, comes to the College for advice and relief. About four years ago I operated on left side for the radical cure of hydrocele, which you see is a success. At that time I noticed that one was forming on the right side also, but I did not think it sufficiently developed to call for surgical interference. Now you see that it is very large and full grown. It reaches from lower portion of scrotum to the groin, much larger above than below. In fact it has ascended to the internal inguinal ring, and can rise no higher unless it breaks through and finds its way into the pelvic cavity.

Before considering the treatment in a surgical point of view, it will be the part of wisdom to determine the precise nature of this tumor. There are a variety of tumors and growths in this locality, and we must be able to say which kind we are dealing with.

It is clear that it is not hernia. Hernia descends, while hydrocele ascends. The former is painful, and usually occurs suddenly, and has a history entirely different from the latter. You should always be able to draw the line distinctly and sharply. With a little attention, judiciously applied, you will be able to leave orchitis and other affections of the scrotum entirely out of the diagnosis. To become eminent as a diagnostician requires large experience and the exercise of a great deal of hard common sense; without these you will be blundering and apologizing all your life. First know what you have, and the way becomes comparatively clear and easy. On the other hand, if you walk blindly you will fall by the wayside and often run in the slough. Now, if you desire to become expert diagnosticians as to tumors, you must study their features and characteristics, as you study faces and actions of men in order to be able to estimate character and worth. In my opinion, there is no surgical affection or disease but has some peculiarity, feature or characteristic that can not be found in any other affection. I state this as a maxim; and he who can open the diagnostic door, and in his search find this secret, will excel in diagnosis.

I have said this is hydrocele. I have not told you why I think so. To be of any service to you I must now prove it. Let us see if we can bring this affection into the focus of correct diagnosis. You see the retreating of the penis; the prepuce is all that is in sight. You rarely see this complete retreat in any other affection of the scrotum; it is, therefore, diagnostic of hydrocele. Fluctuation is corroborative. This you get by putting your left hand firmly on one side, and tapping with your fingers sharply and quickly on the other side; a wave, if liquid, passes through, coming in contact with the hand. On account of the great tension, fluctuation is not sharply defined; therefore, the inexperienced examiner may fail to discover it. I here give you an opportunity to test your sense of touch and analytical powers.

There are other tests we can bring to bear on this case, to-wit, the light and needle. The light-test can not be relied upon in all cases. It can only be depended upon when the parietes and fluid are unchanged. If the fluid is clear, and the scrotal tissues unchanged, you will be able to throw light through the tumor. With a hypodermic sy-

ringe you can draw off some of the fluid and prove your diagnosis.

I will now use the trocar and draw off the fluid. I hold the trocar at an angle of perhaps thirty degrees, and firmly against my hand, with the thumb on the rim of the canula. I press the point on the front of the tumor, and push it into the sac. As soon as it enters, I push the canula well in and withdraw the trocar. The fluid is dark, and the amount is large—three or four pints. This is the palliative treatment. If nothing more is done than this, the sac will fill again in a few weeks.

The question to consider next is the radical cure. I prefer not to attempt a radical cure at this time. On account of the great distention of the tumor the surface is great, and will require a large quantity of the irritant in order to bring it in contact with the whole of the surface, and unless this can be done the operation will fail. We will wait two or three weeks and tap again; by that time the sac may contract somewhat. If it does so, it will make the cure more certain. At the expiration of three weeks our patient returns, and the tumor is almost as large as it was at the former tapping. We will tap again, and when the fluid is all drawn off, will pump in about half an ounce of pure liquid carbolic acid; there is sufficient liquid left in the sac to dilute the acid. The parts should be well kneaded to bring the irritant in close contact with the entire serous surface. If this fails in effecting a cure, there are other methods we can resort to, but I have not time to consider them to-day; neither have I the time to consider the varieties of hydrocele, nor to discuss its pathology.

Peroxide of Hydrogen for Cleaning the Hands.

The remarkable properties of the peroxide of hydrogen as a pus destroyer and as a cleansing agent are becoming better appreciated every day. Every one who uses this agent in the treatment of suppuration becomes enthusiastic in its praises. This being true, time only is required to overcome the prejudice against it which heretofore has existed among the profession as a whole.

I wish at this time to call attention to the use of the peroxide in cleansing the hands. It is a demonstrated fact that it is impossible to render the hands surgically clean, that is, free from septic germs, by the use of soap

and water, the nail-brush and corrosive sublimate solutions. Germs still remain under and about the finger-nails. It seems more than probable, although I know of no experiments to support the supposition, that germs will find the most secure hiding-place about the finger nails, when the skin has been made rough and thick about the nails, by excessive use of the hands, or by their frequent exposure to irritating fluids, as corrosive sublimate solution.

For some months, in preparing for abdominal sections, I have used the peroxide of hydrogen solution in full strength, to assist in cleaning my hands, especially about the finger tips and nails, whenever, for any reason, I have felt doubtful about their aseptic condition. The peroxide has been used whenever the skin about the nails has not been in good condition; and it is remarkable to see how it will soften horny skin at the side of the nail, and disintegrate debris in the sub-ungual space, or macerate and even remove epidermic scales. There can be no doubt that foreign material can be removed from the fingers much more completely by using the peroxide solution after using soap and water and the nail brush, than by the use of these agents alone. This certainly does promote asepsis. But whether the hands are made aseptic by the peroxide solution I have not been able to determine. Careful bacteriological experiments to determine this question will be of great practical interest and value.

The method which I employ for rendering the hands aseptic is as follows: The nails are trimmed reasonably short, and the sub-ungual spaces are cleared with the knife blade. The hands and forearms are then thoroughly washed in warm water, a good lather being made with soap, and a stiff nail brush being vigorously applied. The water is renewed three times. The hands are next soaked in a saturated solution of permanganate of potassium, and this removed by soaking them in a saturated solution of oxalic acid. According to circumstances, the finger tips are next soaked in peroxide of hydrogen, for the final bath corrosive sublimate solution 1:1000 is employed. The hands remain in the sublimate solution three minutes. At least ten, and often fifteen minutes are consumed in the cleansing process.

To those who are accustomed to wash the hands quickly, use the nail brush lightly, and to dip the hands in the sublimate solu-

tion, such elaborate and painstaking care doubtless appears like a useless expenditure of energy. But bacteriological experiments have shown that germs exist about the nails of fingers cleaned in this careful manner (omitting the peroxide solution) and have demonstrated the necessity for some more reliable method of rendering the hands aseptic, if the antiseptic conscience is to be satisfied. It is with the hope that the peroxide of hydrogen solution will meet this demand that I have brought the matter forward.

Aside from using the peroxide solution in preparing the hands for abdominal operations, I have found it perfectly reliable in removing foul odors and stains from the hands, by contact with decomposing pus, discharges from cancer, and other septic fluids. I believe it will be equally useful to the general surgeon and obstetrician.—C. P. Noble, in *Med. and Surg. Reporter*.

Obstetrics and Gynecology.

Gynecological and Obstetrical Society of Baltimore, Md.

JANUARY MEETING.

The President, Dr. Henry M. Wilson, in the chair.

REPORTED BY WM. S. GARDNER, M. D., SECRETARY.

Dr. L. E. Neale read a paper upon the Indications of Cæsarean Section. This paper is intended to stimulate interest in, and discussion of the subject: Cæsarean Section *vs.* Craniotomy on the Living Child, upon which subject a series of papers will be presented by the members of the society. It refers particularly to the indications for the section, and is a plea for this operation. If it serves to arouse interest in examining pelvis or increase hesitancy in destroying children, the labor is not in vain.

Craniotomy upon the living fetus is believed justifiable, but only as a dire necessity, not as an elective procedure, and should not be resorted to where there is a reasonable probability of success by the section, and the uncoerced consent of the mother can be obtained. No man is compelled to do craniotomy upon the living fetus solely upon the choice of the patient or her friends.

In answer to the question, "What would you do if the patient were your wife, your sister, or a near relative?" he believed prac-

tically this must be a matter for each man's conscience, over which no dogmatic rule of science can or should have sway.

If seen early enough, the induction of premature labor at the thirty-second to thirty-fourth week, by the method of Krause, was a very strong antagonist to craniotomy upon the living fetus. The range for this operation should not extend to a conjugata vera below $2\frac{1}{4}$ inches (7 cm.) or to one about $2\frac{1}{2}$ inches (8.75 cm.).

The indications for the conservative section included all insurmountable obstruction to the delivery of the living and viable child *per vias naturales*. They include tumors, pelvic exudations, hypertrophic elongation of the cervix, cicatrices, stenoses, tetanus uteri falciform, uterine contractions, etc. He believed general opinion placed the limit for the absolute indication at a conjugata vera of $1\frac{1}{2}$ inches, or 3.75 cm., and the relative indication extended from that point up to an undetermined conjugata vera measurement, and included many other conditions besides pelvic contractions. Other things being favorable a $2\frac{1}{4}$ inch, or 6.25 cm., conjugata vera (Harris); 3 inch, or 7.5 cm., conjugata vera (Lusk), called for section other than craniotomy, but he warned against relying entirely upon pelvimetry in the relative indication.

In contracted pelves he preferred version to forceps when both were practicable. He insisted upon pelvimetry, and briefly outlined the methods. He believed it was chiefly by this means we could determine the indications for the section.

A conjugata vera of 3 inches, 7.5 cm., was generally admitted to be the least through which a living child of normal proportions could pass, and Lusk maintained, if other diameters were lessened or the contraction was not limited to the brim, it might require a conjugata vera of $3\frac{1}{2}$ inches, 8 cm., or more. No hard and fast line could be given; each case must be judged alone. The relative size of the head, its resistance, the past history, the uncoerced consent, the general condition and surroundings of the patient, etc., were all important factors in the relative indication.

The life of the child was not "purely impersonal and scientific," but eminently personal and practical, and he believed the mother should run a reasonable risk in its interest. The life-saving of craniotomy could never be as great as that of Cæsarean section, for it started with a necessary mortality

of fifty per cent., or half the lives at stake. But, aside from all argument and comparative statistics, the section was decidedly restricting craniotomy. All deprecate the repeated performance of craniotomy on the same woman. He accepted Carl Braun's rules for the relative indication.

Craniotomy was safer for the mother than section, but piece-meal extraction was equally if not more dangerous. Ex. 92, conjugata vera $2\frac{1}{4}$ inches, 6.25 cm., or less.

If conservative delivery, p. v. n., had been attempted and failed, this was a strong point in favor of craniotomy and against the section, under these increased dangers.

He strongly deprecated the conservative tampering and then resorting to the section: many lives had been thus sacrificed. If we desired success we must make the section an elective operation, and not a procedure of dire necessity.

Dr. Miltenberger: With regard to the paper of Dr. Neale's, confined as it is to the indications for the Cæsarean section, there is nothing which I would controvert.

Under the absolute or positive indications, as laid down, there can be no question.

The confusion and discrepancy of opinion have arisen from want of definiteness and clearness as to the relative indications.

If we take the statistics of craniotomy generally, including all cases, we get no positive resulting data to guide us.

Where the pelvis is so constructed as to necessitate the piece-meal extraction of the fetus, it is recognized, undoubtedly, as the most serious of obstetric operations, and more dangerous than Cæsarean section.

Where, on the other hand, craniotomy alone is required, the operation is simple, and the danger to the mother, in proper hands, should not be greater than from the application of the forceps. In my individual experience on my own patients I have been obliged to resort to craniotomy but twice in fifty years, and in these, as well as in those in consultation practice, the mothers have all recovered. Now, it is just in this latter class that the doubt arises.

The smallest conjugata vera diameter through which a living child has been expelled is 3 inches—or, as has been claimed, $2\frac{1}{4}$ inches—but with this we can not expect to save the child through the natural passages.

But, whether this or a little more available space, we must recognize the prime and absolute importance, as the doctor states, of pel-

vimetry, and to its thorough practical study and application must we vainly look for increased certainty. Especially does this hold as to internal pelvimetry, the best instrument by far being the hand of the obstetricist.

Now, while it is true, the measure here of the conjugata vera by the finger may not be perfectly accurate, and we require also to learn the available space in the transverse diameter, yet with care it sufficiently approximates the truth for our purpose.

But on the other hand, as the doctor has said, we can not accurately determine the size of the child's head, its degree of ossification, etc. It is true, by bimanual examination we can approximate the truth, but not exactly obtain it. I have known an accomplished accoucheur persist for a length of time in the use of forceps before he recognized that he was dealing with a hydrocephalic head. Thus, both the factors have elements of uncertainty.

It is just in this class of cases that the doubt and uncertainty arises.

When the practical obstetricist meets with a case of dystocia from this cause, by internal measurement he satisfies himself as far as possible he has 3 inches of available space in the conjugata vera, or even above this; without a full knowledge of the size of the fetal head, he naturally applies the forceps, or proceeds to turn, and not improperly; but if he fails, he has already violated the first fundamental law in Cæsareotomy, to resort at first to the knife, without any previous operative manipulation, if such manipulation has been at all prolonged, the choice is not between craniotomy and Cæsarean section, but between craniotomy and a Porro.

Fortunately, pelves contracted to this extent are rare in this country, particularly in the higher walks of life.

The operation of Cæsareotomy is in itself sufficiently simple, and the modern section is undoubtedly one of the greatest advances in modern obstetrics, while its success constitutes a brilliant epoch in our recent history. In the hands of those skilled in its technique, and taught and trained by experience, there is every reason to trust and believe that the modern Sænger will extend still farther its successes, and that as an operator gains tact and knowledge with every case with which he deals, and as a part of his success must depend upon his absolute command of his patient and her surroundings, it is most likely the old picture will be reversed, and with our

septic and antiseptic precautions, hospitals will offer a smaller rate of mortality than private practice.

Fully realizing as I do the success of the modern Sænger, and the lessened mortality rate which has been achieved, yet we know that no abdominal section is entirely free from danger, and, as I said, in these cases of relative indication they may be claimed to be almost, if not entirely, void of peril with craniotomy.

I do not hesitate to declare that I should prefer, in my own wife, as the safer for her, craniotomy to Cæsarean section in such a case, and am, therefore, bound to extend to others, my patients, the golden rule, "To do unto others, as I would they should do unto me." I am, therefore, forced to the opinion that Cæsarean section will not completely supplant the old operation, and that there still remains a field, although markedly limited, for craniotomy on the living child.

Dr. J. W. Williams: I am sure that all of us are greatly indebted to Dr. Neale for the very clear manner in which he has set forth the indication for the operations, and I almost entirely agree with him.

The absolute indication I would place at 5 to 5½ cm., or 2¼ inches, and the upper limit for the relative indication at 7½ cm., or 3 inches. Within these limits, unless the child be abnormally small, there should be no question as to the use of forceps; and the question to be decided is whether craniotomy or Cæsarean section should be done.

Theoretically, I would choose the section in all cases that appeared favorable; but practically, I might use my theory in the case of a primipara, who had not been examined previous to labor. For in that case it might appear very hard to submit a young woman to such a risk without any previous intimation of her danger.

But if I performed craniotomy under these circumstances I would warn her that in becoming pregnant again she would take the responsibility of the child's life upon herself, and that I would refuse to perforate in subsequent pregnancies.

The mortality of the operation need not dismay us, for Munchmeyer has lately reported the latest statistics of Leopold, in which he reports 28 Sænger operations, with the loss of three mothers and one child, and 7 Porro operations with no maternal deaths.

Dr. B. B. Browne: I had a case recently upon which I did Cæsarean section. The

woman was twenty-seven years of age. She had had one child. Her labor was two years ago, when she had convulsions, and a craniotomy was done. As a result of injury received at this time, the vagina and uterus sloughed, and there was complete atresia of the vagina. This atresia was soon afterward opened up, and she became pregnant.

The vagina was contracted by cicatricial bands, and an opening could be felt in the side of the cervix, but to the left of the opening was a cup-shaped cavity, which might have been the old cervix.

She was not sure of the time of impregnation. She was swollen, and her urine solidified with albumen upon heating.

Labor pains began December 20, and continued for one or two days; but there was no dilatation. She came to the hospital December 22. She had severe uterine contractions that day, and came for the purpose of having Cæsarean section done. But next day the pains had all gone. The night of January 1 the water broke, and severe pains began. The cicatricial bands about the cervix were cut, and Elliot's forceps were introduced. Both blades of Tarnier's forceps could not be gotten on. After several efforts I concluded that she could not be delivered in that way.

In the morning the fetal heart was distinct, in the afternoon it was feeble.

The section was made without difficulty. The placenta was attached in front. The child could not be resuscitated; the placenta was readily detached, and the uterus cleaned out and closed by the Sænger method.

The operation was done on Friday, and the patient did well until the following Tuesday, when she sunk rapidly, and died within a few hours.

The woman had grave kidney disease, and had little chance of recovery on that account.

In this case several things are to be considered:—1. The woman was perfectly willing for the operation; 2. Her life, from the condition of her kidneys, was not insurable, and the child had a good chance of living; 3. She had much difficulty in the former craniotomy, and barely escaped with her life.

Dr. Ashby: I have had the good fortune to witness two Cæsarean sections. One, the case of Dr. J. G. Jay, of this city, several years ago, and the recent case reported by Dr. Browne. I was impressed with the ease with which the operation can be done. Its mechanical execution is certainly much less difficult than that necessitated by many intra-

abdominal operations. Hemorrhage is easily controlled, and the closure of the uterine wound is not a difficult undertaking.

In the case of Dr. Jay, the mother made a prompt recovery, and the child perished simply because of the unavoidable delay which was experienced before an attempt at its removal was made. Its death had, in my opinion, no relation to the operation, but to causes which antedated the section.

I am convinced, in the case of Dr. Browne, the child could have been saved had no other method of delivery been attempted. The section, I think, bore no relation to its death. In this case the operation was skillfully done, and I am inclined to believe that the mother's death should be assigned chiefly to her kidney complications. She was a bad subject, but bore the section well.

My opinion of the Cæsarean section is altogether favorable. It has come to stay, and, with an improved technique and larger experience, will be approached with less hesitation. The operation of the future will be approached without delay, and before other methods of delivery have been employed.

The important indication for the operation rests upon careful pelvic measurements and determination in advance of any obstetric interference of the impossibility of delivery by version or forceps. If this is done, the section will be approached under its most favorable aspects, and its results will be far more satisfactory.

I agree with Dr. Miltenberger, in that personally I would prefer craniotomy, if the patient were a member of my own family; but, upon scientific grounds, I would not hesitate to operate, did my patient and her friends elect this procedure, having satisfied my own mind that a living child could not be born in any other way.

I think it unfortunate that the physician in charge of these cases should not have the moral support of the public and profession in the selection of the section in advance of attempts at other methods of delivery. Out of deference to a sentiment, he often feels forced to use the forceps and version where his own judgment was in favor of the section. Valuable time is thus lost, and the lives of both mother and child endangered, if not sacrificed.

Dr. Neale: As no points were raised against my paper, I have nothing to say in its defense.

I did examine Dr. Browne's case, and told him in my opinion it was no case for the sec-

tion. The chief obstruction was in the soft parts, that in the pelvis was very slight, if any. I thought it possible to deliver the child alive, p. v. n., but was sure it could be readily extracted after craniotomy. Owing to the kidney complication, the mother was in most unfavorable condition for the section; and, for that matter, the child also; therefore, I advised against this operation.

However, after once beginning a conservative delivery, p. v. n., which was persisted in too long (thirty minutes), I certainly never should have resorted to the section in that case, with both child and mother in the then most unfavorable condition, but would have delivered at once by craniotomy.

I totally and emphatically differ from Dr. Ashby, that any conscientious obstetrician should ever be forced to resort to craniotomy by the moral suasion of the patient or her friends. Such teaching would be extremely pernicious. The sentimental question of what one should do if the patient were his wife, etc., is a matter of individual conscience, and not open to scientific discussion before a medical society.

I again request the Fellows not to let this matter rest where we have it to-night. I wish to emphasize the fact that I have purposely avoided any reference to the religious aspect of this question, as I do not believe this point is open for scientific discussion before a medical society.

Materia Medica and Therapeutics.

BY S. E. EARP, M. D.

Professor of Materia Medica, Therapeutics and Medical Chemistry, Central College Physicians and Surgeons.

A List of "Remembers."

The Cincinnati *Lancet Clinic* (Whelpley, Missouri State Pharmaceutical Association) publishes a list of "remedies" that are valuable for the physician to retain in his memory; we reproduce a few selections as follows:

Remember that saltpetre and sulphur may explode, if pounded in an iron mortar.

Remember that powdered camphor can be kept in the pulverant form by the addition of one-half per cent. of oil of vaseline.

Remember that quinine will preserve mucilage, paste, etc.

Remember that cherry laurel water and morphine salts are liable to form the poisonous cyanide of morphine.

Remember that powdered rosin may produce spontaneous combustion.

Remember that an application of a weak solution of hydrochloric acid, followed by a weak solution of chlorinated lime, will remove logwood stains from the skin.

Remember that rose water made with carbonate of magnesium and used to make eye water by dissolving zinc or lead salts, will form an irritating precipitate.

Remember and mix acids with water, by pouring the acid into the water and not the water into the acid, as the latter process may cause an explosion of steam.

Remember that ethereal solutions of iodoform are not permanent.

Remember that prescription vials are not always accurate measures, and the quantity of liquids to be used should be measured in a graduate.

Remember that chloral and cyanide of potassium mutually decompose each other, and that hydrocyanic acid is one of the products.

Remember that pyroxylon should be kept packed in glass and moist with its own weight of water.

Remember that glycerine administered in large quantity may produce poisonous symptoms.

Remember that when alcohol and water are mixed the combined volume is less than the sum of the two separate liquids.

Remember that carbolic acid is combustible.

Remember that iodine and the iodides precipitate the alkaloids.

Remember that scaly iron salts dissolve more readily by adding the scales gradually to the menstruum than by triturating in a mortar.

Remember that it is never safe to manufacture a preparation from memory. Always have the formula before you.

Remember that acetate of lead loses some of its acetic acid when exposed to the air.

Remember that cocaine and borax form an insoluble borate of cocaine, while boric acid and cocaine do not.

Remember that black lead is not plumbum, but a form of carbon.

Remember that eulyptol is a proprietary preparation and differs from eucalyptol.

Remember that five parts of phenol with ninety-five parts of water, or five parts of water with ninety-five parts of phenol, forms clear mixtures.

Dangerous Proprietary Compounds.

On account of the prevalent belief that the use of opium was rapidly increasing in Massachusetts, the Board of Health last year made an investigation to ascertain the extent of the evils arising therefrom. It procured and analyzed twenty-five of the most commonly used patent medicines, and among them all found only one which did not contain opium! On the list of those containing it was "Boschee's German Syrup of Tar," "Ayer's Cherry Pectoral," "Dr. Bull's Celebrated Cough Syrup," "Seth Arnold's Cough Killer," "Perry Davis' Pain Killer," "Dr. Hooker's Cough and Croup Syrup," "Mrs. Winslow's Soothing Syrup," "Mother Bailey's Quieting Syrup," and "Dr. Wistar's Balsam of Wild Cherry." The Board of Health, in summarizing the results of its investigation, uses these words: "The sale of soothing syrups and all medicines designed for the use of children, which contain opium in its preparations, should be prohibited."—*The Dixie Doctor.*

Facial Erysipelas.

Although it is well known that erysipelas of the face often arises from a point of infection inside of the nose, it very often happens, as Lehrnbecher has pointed out, that in the treatment of the disease little or no attention is given to the nasal cavity. It is sometimes wonderful what a thick, bloody, bad-smelling pus can be washed out of the nostril. A nasal douche of three per cent. boracic solution should be given every three hours, until the cavity appears to be perfectly sterilized, after which, to prevent drying of the mucous membrane, tampons with boracic acid ointment should be inserted. With these precautions the author has found that the duration and severity of the disease are much diminished. He applies nothing to the skin except cotton-batting or an oil compress.—*Boston Med. and Surg. Journal.*

Alcohol and Creasote as Appetizers.

Klemperer regards it as positive that these remedies have a good effect upon the motor function of the stomach. His investigations do not show any increase of the gastric secretions, but the appetite was not only decidedly improved by brandy, wine, alcohol or creasote in alcoholic solution or pills, but many dyspeptic symptoms disappeared.—*Zeitschr. fuer Klin. Med.*

New Additions to Remedial Agents.

Among some new and convenient medications, Parke, Davis & Co. announce are Mosquera's Beef Peptone, Malt Extract with Peptone and Urethral Bougies of Aristol.

Mosquera's beef peptone is entirely free from the bitterness of the pepsin peptones, possessing an agreeable, sweet taste.

Nutrition plays so important a part in modern therapeutics that any additions to eligible methods of nutrition are welcome. Malt extract with peptone makes an easily assimilable, highly nutritious combination of malt.

Aristol is regarded by many as quite as efficient as iodoform in its antiseptic action, and it possesses the special advantage of being entirely free from odor. The aristol bougies should find a wide application in the antiseptic treatment of the urethra. Aristol is a substitute product of thymol obtained by mixing a solution of iodine in iodide of potassium with an alkaline thymol solution.

Glycerine Suppositories.

Polubruiski (*Deutsche Med. Zeit.*) advises that glycerine suppositories are useful under the following conditions:

1. Constipation due to hardened feces in the rectum.
2. Intestinal impaction in large intestines.
3. Pressure on the rectum from tumors.
4. To prevent straining at stool.
5. In children.
6. To hasten and increase ordinary evacuations.

A mere local irritation is the probable cause of its action.—*Dietetic Gazette.*

Camphor a Solvent for Iodoform.

Camphor increases the solubility of iodoform in alcohol and ether. While one hundred parts of alcohol ordinarily dissolve not more than one and one fourth parts of iodoform, the same amount of a saturated solution of camphor is capable of taking up as much as ten parts.—*Texas Courier Record.*

Removal of Superfluous Hair.

For the removal of superfluous hair from the face, the following is recommended:

R Hydrosulphate of barium . . . 10 grains.
Starch.
Oxide of zinc, aa 5 grains.
Water, q. s.

Mix and apply once daily with a camel's hair pencil.—*Dietetic Gazette.*

Reviews and Book Notices.

Twelve Lectures on the Structure of the Central Nervous System—For Physicians and Students. By Dr. Ludwig Edinger, Frankfort-on-the-Main, Second revised edition. With 133 illustrations. Translated by Dr. Willis Hall Vittum, St. Paul, Minn. Edited by C. Eugene Riggs, A. M., M. D., Professor of Mental and Nervous Diseases, University of Minnesota. Philadelphia and London: F. A. Davis. 8vo., 230 pp.; cloth, \$2.75.

A desire to find for his class in the Minnesota University an authoritative treatise on the structure of the central nervous system, suggested to Prof. Riggs the translation of Dr. Edinger's work. The work is probably the most reliable guide to a comprehension of this intricate subject as can be found in the English language. The author speaks in terms of the highest praise of the work of the editor and the translator. Some German terms appear upon the diagrams. The catalogue at the end of the volume may be of value to the publisher and possibly to the reader, but it mars the beauty of the volume.

A Text-Book of Comparative Physiology—For Students and Practitioners of Comparative (Veterinary) Medicine. By Wesley Mills, M. A., M. D., D. V. S., Professor of Physiology in the Faculty of Human Medicine, and the Faculty of Comparative Medicine and Veterinary Science of the McGill University, Montreal, etc. With 476 illustrations. New York: D. Appleton & Co. Indianapolis: Cathcart, Cleland & Co. 8vo., 636 pp., \$3.00.

This work, written to meet the wants of veterinary students and practitioners, is much more comparative and specialized than the author's former work on Animal Physiology. The best features of the larger work find place in this, though the present is in no sense an abridgment of the former work. Students and practitioners of veterinary medicine will find this volume indispensable, as there is nothing like it in English that we have ever seen. The publisher's name is a guarantee of first-class workmanship.

Insomnia and its Therapeutics. New York: William Wood & Co.

This is No. 3 of Vol. VII of Wm. Wood & Co.'s Monthly Monographs. This volume is from the pen of A. W. Macfarlane, M. D., F. R. S., etc., well known in Great Britain, and one of the brightest men in Glasgow, Scotland. Insomnia, the subject herein treated, is one of greatest importance to the practitioner; in these fast days of American life, when the various forms of neuroses are increasing at an alarming rate, insomnia is one of the most persistent and difficult symptoms to contend with.

This treatise starts out with a well written chapter on the physiology of sleep, and follows with the insomnia produced by various forms of nervous and other diseases. The therapeutics of the subject is handled in as scientific a manner as possible, giving hygienic treatment the greatest attention, and calling upon the materia medica as a help. Massage, baths and electricity are recommended to be used in preference to drugs.

No physician who is called upon to treat nervous disease can well do without this book.

Medical and Surgical Monographs. William Wood & Co., New York. January, 1891.

The January Monograph contains as leading article Koch's paper—Advances in Bacteriology—read at the Congress last summer. This paper contains the preliminary report on the new method of treating tuberculosis, which has since aroused such interest. Other articles are: Formulary of New Remedies and New Medicinal Preparations, by H. Bocquillon-Limousin; and Anesthetics, a Discussion, by William Macewen and others.

Heredity, Health and Personal Beauty. By J. V. Shoemaker, M. D. F. A. Davis, publisher, Philadelphia.

The standpoint from which these questions are presented is that of evolution, the position being firmly taken that acquired variations, as well as those which are congenital or the result of natural selection, may be in-

herited. The book will interest and instruct one who will go through its rather prolix and polemical discussions.

From answers received from the county medical societies, the Secretary of the Indiana State Medical Society feels warranted in stating that the next meeting of the Society will be postponed until the second Wednesday in June, *i. e.*, June 10, 1891.

Special Notices.

The Indiana Medical Journal for 1891.

JOURNAL, one year, \$1.00; JOURNAL and an excellent Clinical Thermometer, \$2.00.

JOURNAL, one year, and the Lutz Hypodermic Syringe, \$2.50.

JOURNAL, one year, and Hypodermic Syringe and Thermometer, \$4.00.

Any paid-up subscriber is entitled at any time to a thermometer by remitting \$1.00, or a syringe by remitting \$1.50.

If twenty-five cents extra is sent with the order, I will be responsible for the safe delivery of the instruments.

Remit by postal note, post-office order, or express order. Do not send local checks.

Address, DR. FRANK C. FERGUSON,
19 West Ohio Street, Indianapolis.

The Home-Maker and Indiana Medical Journal, One Year, for Two Dollars.

The Home-Maker, published at 22 East Fourteenth street, New York, is an illustrated monthly household magazine, conducted by "Jennie June" (Mrs. J. C. Croly), and a distinguished and able corps of collaborateurs. The journal of all the women's clubs in America. Contains choicest fiction, latest fashion, household work, how to do it; social usages, in the kitchen, poetry, correspondence, cooking receipts, home work for home-makers, art instruction, photography, women's clubs, club gossip, and record of their proceedings.

The subscription price of the Home-Maker is two dollars a year, but by special arrangement with the publishers we are enabled to offer it and the JOURNAL one year for two dollars. Now is the time to secure one of

the best family magazines published for only the small sum of one dollar. The Home-Maker contains 64 double-column pages of choice reading matter. It is one of the best ladies' and family illustrated periodicals published. Send two dollars, and receive this superb magazine and the INDIANA MEDICAL JOURNAL one year.

Aletris Cordial.

Dr. J. P. Feeler, Kissimmee City, Fla., says: Mr. L. consulted me about his wife. Had been married four years, and had no children. He was a strong healthy man about 28 years of age, and his wife 24. He was very anxious that there should be an increase in the family, and had two other physicians at different times giving her medicine for that purpose. I ascertained that she suffered very much with her menses, and frequently had to take to her bed during the time. I prescribed eight ounces of Aletris Cordial, one teaspoonful three times a day. The husband reported that the wife had the easiest time she had ever had, and suffered no pain. When the next time came the menses did not appear, two bottles of Aletris Cordial were taken, and in regular time they were made happy by the advent of a bright bouncing girl. When treating females of a weak, nervous and hysterical condition, caused from uterine derangements, the following will relieve in nearly every case:

R Aletris Cordial.....8 ounces.
Celerina.....8 ounces. M.

Sig.—Two teaspoonfuls three or four times a day.

Koch's Lymph.

A consignment of Koch's Lymph, which had been forwarded from Berlin on Feb. 6th, and apparently mislaid in the New York Custom House for a week or two after arrival, was finally delivered to Messrs. Lehn & Fink, wholesale druggists, 128 William street, New York, on Saturday afternoon, Feb. 28th. This firm has secured 60 vials of 5 grammes each. Messrs. Lehn & Fink sell the lymph only in the original 5 grammes vials, preferring this to guard originality to the physician.

The preparations of Hypophosphites, Coca, Pepsin, etc., made by Messrs. R. A. Robinson & Co., are endorsed by many prominent physicians. We recommend a careful perusal of the advertisement of this well known manufacturing house, on another page.

Chloro-Phenique.

Dr. Beverly D. Harrison, Surgeon Duluth, South Shore & Atlantic, and Minneapolis, St. Paul & Sault Ste. Marie Railways, Sault Ste. Marie, Mich., says: As a non-toxic, non-irritant and reliable germicide for washing out cavities, Chloro-Phenique has no equal. I have used it in several cases of chronic cystitis, washing out the bladder thrice weekly with a 25 per cent. solution, and in each case a cure was speedily effected, although previously they had been treated with boro salicydic lotion with little benefit. The excessive tympanites of typhoid was quickly reduced in two cases in which I injected Chloro-Phenique well up into the bowel, using a stomach pump for the purpose. As an anti-ferment in dyspepsia I have used it with success, and also as an injection in gonorrhea. I have also found Chloro-Phenique Gauze (made by saturating cheese cloth with Chloro-Phenique) more surely antiseptic and non-irritating than any gauze in the market.

Safeguards Against Substitution.

Fellows' Hopophosphites is dispensed in bottles containing 15 oz. by measure—the address, Fellows & Co., St. John, N. B., blown on—the name, J. I. Fellows, St. John, N. B., in watermark upon the yellow wrapper; it is hermetically corked, and sealed with crimson capping; is heavy, slightly alkaline, has a pleasantly bitter taste, and deposits a flocculent brown precipitate of hypophosphite of manganese when left undisturbed for forty-eight hours. Though this precipitate mars the appearance, its presence has been found imperative to its full remedial effect.

Peacock's Bromides.

Dr. F. A. Kitchen, of Toledo, Ohio, says:—Having had experience with Peacock's Bromides, I can say that for a quieter in spinal difficulties, accompanied with brain troubles, it has in my experience become indispensable. It affords sure results with less secondary trouble than any remedy I have yet used.

Antikamnia.

Dr. Henry Lindsay, O'Fallon, Mo., writes: The Antikamnia came to hand all right. I use it to control the terrible pains of "La Grippe," and it does even more than I could expect. I gave it in five grain doses, rendering my patients perfectly quiet and easy, and procuring them a good night's rest.

Elixir Three Chlorides.

Dr. C. L. Dana, of New York, contributes an article on Pathology of Chorea. In conclusion he says:—"In fine, we have in chorea, first, a vaso-motor paralysis and trophic disturbance affecting certain areas of the brain, and to a less extent of the cord; then we have this becoming chronic, with connective tissue hyperplasia, and degenerating changes in ganglionic cells and fibres." The flattering results attained by several physicians, and reported to us, of the administration of Elixir Three Chlorides, in chorea, would seem to add confirmation to the conclusion of Dr. Dana.

If you are contemplating a trip to any point in Missouri, Kansas, Texas, California, or any Western State, call on the nearest agent of the Big Four Route (C. C. C. & St. L. Ry.), and obtain full information as to rates, routes, and all other matters of interest. The solid vestibuled trains of the Big Four Route, making close connections in Union Depots, offer accommodations and facilities excelled by no other line. The dining car service of this route is unsurpassed.

The original imported Hoff's Malt Extract, Tarrant's, is the only malt that ever received an award of merit in Germany. It received the Bronze Medal at the Hamburg Exhibition last year and was awarded the first order of merit (a Silver Medal) at Melbourne, Australia. To prevent substitution, specify "Tarrant's" when prescribing Hoff's Malt.

The Cincinnati, Hamilton & Dayton R. R. on March 1st put on a Parlor Car on train leaving Indianapolis at 10:45 A. M., reaching Cincinnati at 2:55 P. M. This makes four trains carrying Parlor Cars from Indianapolis to Cincinnati via this popular route. The heavy travel on the C. H. & D. goes to show that the public appreciate a first class road-bed, smooth track and the finest of trains. This line also sells a 1000 mile book, good over fifteen different roads, at rate of \$20 each. City ticket office, corner of Illinois street and Kentucky avenue.

In Sore Mouths of Nursing Women.

R Katharmon.....f oz. ii.
Glycerini.....f dr. ii.
Aque menth. pip.....f oz. ii. M.

Sig.—Use as a mouth wash two or three times a day.

THE

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Original Communications.

ETIOLOGY AND TREATMENT OF HAY FEVER.

BY W. J. HURT, M. D., WAYNE OWN, IND.

It requires for its development three factors, which must act in conjunction, to produce the attacks, and if any one of these factors be removed, the disease fails to make its appearance.

The first of these factors is a pathological condition of the nasal chamber, and may comprise any of the various changes, such as anterior, middle or posterior hypertrophies; exostosis or enchondrosis of the septum; deviation of the septum, or the pressure of foreign bodies, rhinoliths, or polypi in the nasal chambers; but, above all, hyper sensitive areas on the surface of the nasal mucous membrane.

The second factor consists in a diseased, or at least altered, condition of the nerve centres, the vitiated action of which is induced by the irritation of the distal nerve fibres in the nose. This alteration gives rise to the train of near and remote symptoms by reflex action. This can readily be demonstrated by touching one of the hyper-sensitive areas in the nose of a hay fever patient, at a time when he is not suffering from an attack, for the mechanical irritation will be immediately followed by the appearance of all the early symptoms; and such an artificially produced attack will last from a few minutes to several hours, and in some cases even for days, though it be the middle of winter.

The third factor is an exciting agent, which varies with the individual and the locality. It may be the pollen of a grass, of a rose, or

other flower; or it may be certain noxious conditions of the atmosphere which are peculiar to certain seasons of the year and certain localities, and independent of any vegetable particles.

The symptoms are, in the first instance, those of acute catarrh; but they occur more suddenly, and are manifested much more severely; the sneezing, coryza, nasal stenosis, headache, and debility all being more acutely distressing than is observed in non-specific rhinitis.

Added to these manifestations, there is excessive lacrymation, with conjunctivitis and effusion into the eyelids. General febrile disturbances are more or less pronounced during the first few days of the attack, characterized by increase of pulse and temperature, and a feeling of malaise.

These symptoms, in the long continued attacks of hay fever and rose cold, vary from time to time in intensity, being intensified by exposure to dust, heat, draughts of cold air, the ingestion of hot or highly spiced food, and other excitants.

On inspection, the nasal cavities reveal no *specific* pathological change of structure, and the condition of the mucous membrane is the same as is noticed in an ordinary acute coryza. Beyond these catarrhal symptoms, and sometimes independent of them, or at least of far more distressing importance, occurs an *asthma* of acute and quite temporary character. This symptom differs from the same respiratory malady uncomplicated by the direct irritation of season, in that it is manifested in the day quite as frequently and as intensely as at night. It passes away without leaving any impress on the lung tissues, and does not recur until the return of the season favorable to an attack.

Treatment.—The treatment must be directed to the alleviation of the symptoms during

an attack, and the subsequent removal of the intra-nasal pathological conditions, together with general medical treatment with a view to correct the abnormal action of the nerve centers. The most relief is obtained, and in many cases the attacks are cut short by frequent spraying of the nasal cavities with Dobell's antiseptic solution, so as to remove all offending particles which may have gained access to the sensitive areas.

R Soda biborate.....
Soda bicarb..... aa dr. i.
Carbolic acid..... gr. xxx.
Glycerine..... oz. i.
Aqueæ font..... O ii.

After the mucous membrane has thus been cleansed, a spray of a four per cent. solution of cocaine should be blown into the nostrils, and small pledgets of cotton, saturated with the cocaine solution, should be introduced between the septum and the swollen mucous membrane of the turbinated bones. The cocaine acts in contracting the blood vessels, and in thus shrinking the turbinated tissue opens the respiratory portion of the nose, at the same time diminishing the exudation of serum, and in this way gives great relief. The application should not be made oftener than two or three times a day, because the frequent contraction and expansion of the vessels, due to the drug, have the effect of causing a loss of tonicity, and the swelling of the turbinated tissue is increased instead of being diminished. After the removal of the cotton pledgets, small pieces of fine surgical sponge, cut to fit closely, should be introduced into the nostrils, so as to filter the inspired air and keep all irritants out of the nasal cavities. They should be worn day and night.

Internally, for palliative purposes, should give tincture of belladonna and tincture of opii, five minims each, in one ounce of camphor water, between meals. Also quinine in large doses are thought to be beneficial. It is always well to precede your treatment with a cathartic.

In the latter stages, when the asthma has set in, iodide of sodium, together with the bromide of sodium in rather large doses—(one grain each, *ter in die*)—gives marked relief. In some cases, particularly in those in which the neuralgic headache is very severe, morphia hypodermically is the only drug which will give relief.

If a foreign body, rhinolith, or polypus is found in the nasal cavity, it should be removed at once; but it is worse than useless

to treat a hypertrophic condition of the turbinated tissues. After the attack has subsided, however, all pathological conditions should be removed, and the sensitive areas destroyed with the galvano-cautery knife.

Cocaine can not be well used to anesthetize the mucous membrane, because its depleting effect greatly interferes with the distinctness of the difference of color between the spot to be burned and the surrounding mucous membrane, so that it is difficult, if not impossible, to locate the sensitive area. Nor is it necessary to use cocaine, as the operation is not painful, but can easily be borne by the patient without any anesthesia.

In most cases a large number of these spots are found on the surface of the septum and the middle turbinated bone, but not more than one should be operated on at one sitting. As soon as the resultant inflammation has subsided, which usually occurs in three or four days, another spot is to be cauterized; and this is to be repeated until all have been obliterated. Other caustics, such as chromic acid, acetic acid, or nitric acid, may be used for this purpose, but they are not as satisfactory as the galvano-cautery, because their effect can not be limited as accurately. After this the case is to be treated like one of ordinary hypertrophic catarrh, until all trace of chronic inflammation has disappeared.

Nerve tonics, and particularly dilute phosphoric acid, in ten drop doses three times a day, should be given from time to time, as well as general treatment to correct any deviation from the general good health of the patient, should be instituted, so as to produce a return to the normal condition of the vitiated nerve centres.

The length of time during which the local treatment should be continued varies in different cases, from a few weeks to many months, while the general treatment should be kept up for at least two years; for, as a rule, the nerve centres will not return to their normal condition in a few months, so that when the next hay fever season after the treatment comes around the patient will, as a rule, have an attack, although very much modified in character as well as duration, and it is only in the second or third season that entire immunity can be expected. It is hardly necessary to mention that any other local cause of irritation, as a relaxed uvula, enlarged veins, or granulations at the back of the pharynx, should be looked for, and if present should be effectively removed.

NEUROSIS OF THE PNEUMOGASTRIC NERVE DUE TO INFLUENZA.*

BY GUIDO BELL, M. D., INDIANAPOLIS.

Influenza, or la grippe, is undoubtedly an epidemic disease, and in all probability of a microbic origin. But its influence on health is far more extensive and grave than is generally believed. Our specialists in the eye and ear, and so on, report cases in which the cause of the eye, ear and other affections must be traced to that morbid principle which we assume to be present in the different disorders of influenza. The whole system is suffering. Cases of influenza are reported in which Jacksonian epilepsy, psychic disturbances, paralysis of the recurrent nerve, of the spinal cord, etc., followed the general symptoms. Every practitioner meets cases since about a year ago, in which a very protracted convalescence follows an acute attack of fever. It lasts for weeks and months, much resembling the malarial cachexia, but differing from it by the absence of an enlargement of the liver and spleen, the flabby malarial tongue, and the grayish yellow color of the skin. It is more a nervous debility.

In the following cases the pneumogastric nerve was in state of irritation. I never saw this affection before in my practice of more than twenty-five years, and I do not find this peculiar trouble mentioned either in textbooks nor in our medical literature, except in the last number of the *Journal of the Amer. Med. Association* a general remark. For this reason I call the attention of my fellow practitioners to that peculiar neuralgia and its treatment.

CASE I. February 27, 1890. A single lady, over forty years of age, suffering with hyperopia, slight dyspepsia and constipation, but no trouble in the sexual sphere, had the following complaints: Annoying salivation at intervals during day or night, excessive hunger with pressure and fullness in the stomach after eating something, difficulty in breathing, palpitation of the heart, pressure on the larynx, and severe pain at the foramen occipitale. All these symptoms appeared together in spells lasting from one to two hours. On inquiry she furthermore stated that she had earache, especially in the lapel, and singing in the ear with sharp pains from the right foramen occipitale, piercing through the la-

pel of the ear, spasmodic contractions of the right masseter muscle and the right eyelid. I gave the following prescription:

Sulph. quinia.....gr. i.
Ferr. hydr. red.....gr. i.
Pulv. digital.....gr. ii.

Give twenty-four such pills, six each day.

The attacks, which came several times a day before taking the prescription, did not return for several days. Since then the pills have been repeated, and later on tincture of digitalis was resorted to. The patient had to take digitalis now and then, and there was always a quick relief from headache. Salivation and spasms in the face never returned. The patient had been taking quinine from the 14th of January on for the influenza, as I thought, but not afterwards except in the pills referred to.

CASE II. April 29, 1890; a middle-aged married lady, who had been suffering with malarial fever in the previous year, complained of headache on both sides of the occiput, which pain went through the lapel of the ear. She had ringing in the right ear, stiffness in the neck and eyelid, some salivation, pain running upward on the sternocleido mastoid muscle, pressure on the larynx, palpitation of the heart, difficulty in breathing, pressure on the stomach and towards the liver, intestine and navel on the right side. The patient took the above-named pills for five days.

May 15th.—The neuralgia did not return, but the patient was kept under the quinine treatment for two months.

August 20th.—Pain in the neck toward the right ear, ringing in the ear, pressure on the larynx, stiffness in the neck and eyelid, palpitations, pressure on the stomach, salivation. She took digitalis again.

Feb., 1891.—The malarial fever returned, but not the neuralgia. Patient well again within three weeks.

CASE III. July 3, 1890; a young, stout girl, who had malarial fever every year for some time, had the following complaints: Slight salivation, pressure on the larynx, stiffness on the masseter muscle and eyelid, slight sharp pains through the ear lapel, pain at the foramen occipitale—all on the right side. The prescription was quinine, twelve grains daily, and tincture of digitalis, ten drops every three hours. The neuralgia ceased soon.

CASE IV. Nov. 14, 1890; a widow of about forty years of age, who had not been sick for

* Read before the Marion County Medical Society, March 17, 1891.

more than twenty years, except three weeks ago with gastralgia and vomiting. Small doses of morphia did no good, but the attack ceased by itself the following day. On the 14th of November she had the second spell, and she stated she had pain in the neck, ringing in the ear, stiffness in the cheek and eyelid, hard breathing, vomiting and hic-cough, and quick, thin pulse. Morphia made the trouble worse. The throat and skin were very dry. I prescribed digitalis, and checked the neuralgia speedily.

November 25th.—Before the attack there was prostration and sleepiness, stiffness in the neck, and contractions above the shoulders. This was the third and last spell.

CASE V. January 10, 1891; a stout man, of over seventy years of age, had for months attacks of severe headache, from the right foramen occipitale upward to the forehead and forward to behind and within the ear; salivation, pressure on the larynx, difficulty in breathing, palpitation, pressure on stomach, spreading over the liver and lower down. Last spring he had influenza for some time. Prescription was fluid extract of digitalis, six drops every hour until relieved.

January 16th.—Salivation and pain in the planta pedis and the thigh muscles were the only trouble; all other symptoms had entirely disappeared. There was no quinine given, but pills containing salicylate of soda, three grains, extract of colchicum half a grain, extract poke root half a grain, were prescribed. The man recovered fully within three weeks, but takes his tinc. digitalis now and then for his peculiar headache and salivation.

CASE VI. Feb. 26, 1891; Mrs. N. S., age twenty-six years, had the grippe last year; has had headache for the past three months, pain at the left foramen occipitale forward to ear lapel and cheek, pain behind the eye-balls; salivation annoying, pressure on the larynx, palpitations, gastralgia, vomiting and fever. She had taken very much medicine without any relief; digitalis cured her permanently within a day and a half. She was put under quinine treatment.

If we bear in mind that quinine is not a specific in malarial fever, but a stimulant much resembling alcohol, and that it only increases the resistance of the tissues towards sickness, then we can readily understand its value in diseases different in origin but similar in effect on health. Chronic grippe differs from chronic malarial fever, although the treatment is more or less the same.

I will not compare both diseases more in detail; I only state that the grippe affects the nervous system as well as malarial fever does, and perhaps oftener, but it affects other regions of the nervous system. The disturbances described in the cases above can be called neuralgia of the pneumogastric nerve. It affects more or less all organs reached by said nerve, and strange to say digitalis, which is said to have direct action on the pneumogastric nerve, is a sure and speedy help in cases of this unusually frequent nervous trouble of the last sixteen months.

I am inclined to believe that both the malarial neuralgia and the grippe neuralgia are caused by impaired nutrition of the corresponding nerve.

ARE MOST CHILDREN BORN DURING THE NIGHT?

BY A. A. HAMILTON, M. D., MARION, IND.

In the September, 1885, number of the JOURNAL, under the title or heading of "An Interesting Letter," you published a short article, written by me, as follows:

"There is among the laity a very prevalent and commonly accepted opinion that the great majority of children are born into the world during the night, and in this belief physicians as well as medical teachers usually acquiesce. Those who inquire as to the cause of this partiality upon the part of nature are generally told that 'as the seed is usually sown in the darkness, so will the harvest be.'

"In common with others I too accepted, without question, the prevalent saying that by far the largest number of births occur during the night time. Four or five years ago, however, I began to doubt the truthfulness of this statement, and since then I have not only observed pretty closely, but I have generally also noted the time of birth in my case book.

"The result is that I find quite as many births occurring between the hours of 6:00 A. M. and 6:00 P. M., as during the remaining twelve hours. When we consider the physiology of the reproductive process, we shall, perhaps, be ready to question the apparent or rather reputed predilection upon the part of nature of any particular time of day. In the far northern regions where the sun is not seen for months together, I presume that the births take place as well and as frequently at one time as another. It may be and is,

perhaps, true that in the majority of cases the "old women" and the doctor are called upon during the hours of darkness; but this fact, if fact it is, can be readily accounted for when we remember the natural desire of most people to avoid publicity on such occasions. I have no desire, however, to discuss this theme at any great length, but only to direct attention to what I consider a popular fallacy."

More than five years have now passed since the above was written, and further observation has only served to confirm my belief in the truth of the proposition there advanced. In support of this belief I herewith submit a tabulated statement of the exact time of birth in the last one hundred cases occurring in my practice prior to January 1, 1891. These cases were selected in rotation, and in the exact order of their occurrence, and the time stated is invariably within ten minutes of the actual moment of birth:

No.	Sex of Child.	After 6.00 a.m. and Before 6.00 p.m.	After 6.00 p.m. and Before 6.00 a.m.
1	Female		4.45 a. m.
2	"	9.20 a. m.	
3	"	4.50 p. m.	
4	"		12.10 a. m.
5	Male	8.30 a. m.	
6	"		2.45 a. m.
7	Female		2.30 a. m.
8	"		5.30 a. m.
9	"	5.00 p. m.	
10	"	11.00 a. m.	
11	"	3.30 p. m.	
12	"	5.45 a. m.	
13	Male	9.00 a. m.	
14	"		11.45 p. m.
15	"	3.15 p. m.	
16	"		4.15 a. m.
17	"	4.05 p. m.	
18	"	3.45 p. m.	
19	Female		3.30 a. m.
20	Male	4.30 p. m.	
21	Female	5.00 p. m.	
22	"		5.50 a. m.
23	Male		10.00 p. m.
24	Female		5.00 a. m.
25	"	9.15 a. m.	
26	Male	12.00 m.	
27	"	10.30 a. m.	
28	Female	1.50 p. m.	
29	"	4.00 p. m.	
30	Male		3.15 a. m.
31	"		12.30 a. m.
32	"		12.05 a. m.
33	Female		4.12 a. m.
34	"	9.15 a. m.	
35	Male	10.15 a. m.	

No.	Sex of Child.	After 6.00 a.m. and Before 6.00 p.m.	After 6.00 p.m. and Before 6.00 a.m.
36	Female	7.00 a. m.	
37	"		12.30 a. m.
38	"		7.35 p. m.
39	"		12.27 a. m.
40	"	1.20 p. m.	
41	Male		4.25 a. m.
42	"	10.40 a. m.	
43	Female	3.05 p. m.	
44	Male		4.45 a. m.
45	Female		4.30 a. m.
46	Male		1.40 a. m.
47	Female		12.10 a. m.
48	"		10.15 p. m.
49	Male	11.40 a. m.	
50	Female	8.25 a. m.	
51	Male		10.45 p. m.
52	"		5.50 a. m.
53	Female		5.40 a. m.
54	"		11.40 p. m.
55	Male	2.40 p. m.	
56	"		4.00 a. m.
57	"		8.20 p. m.
58	Female	8.40 a. m.	
59	"		2.20 a. m.
60	Male	1.30 p. m.	
61	Female	2.10 p. m.	
62	"	11.10 a. m.	
63	Male		3.30 a. m.
64	Female		5.35 a. m.
65	Male		12.30 a. m.
66	Female	10.00 a. m.	
67	Male	6.45 a. m.	
68	"	9.00 a. m.	
69	"	11.15 a. m.	
70	"	1.15 p. m.	
71	"		5.05 a. m.
72	"	1.15 p. m.	
73	"		3.00 a. m.
74	"		5.30 a. m.
75	Female		5.10 a. m.
76	"	12.45 p. m.	
77	"		11.15 p. m.
78	Male	3.30 p. m.	
79	Female	11.15 a. m.	
80	"	6.15 a. m.	
81	Male	9.15 a. m.	
82	Female	6.30 a. m.	
83	Male		6.15 p. m.
84	Female	7.00 a. m.	
85	"		4.30 a. m.
86	"		4.20 a. m.
87	"		11.45 p. m.
88	Male	4.00 p. m.	
89	Female	5.40 p. m.	
90	Male	8.00 a. m.	
91	"		9.00 p. m.
92	"		5.55 a. m.
93	"	2.00 p. m.	
94	"		4.15 a. m.
95	Female	3.00 p. m.	
96	"		7.30 p. m.
97	"		4.00 a. m.
98	"		3.45 a. m.
99	Male	10.00 a. m.	
100	Female		2.00 a. m.

It will thus be seen that of one hundred births, occurring consecutively, exactly one-half of the children were born after six o'clock in the morning, and before six in the evening. If, therefore, this series of cases has any bearing at all upon the subject under consideration, it would seem that, so far at least as this locality is concerned, the question heading this article must be answered in the negative.

Letter from Dr. Moffett.

Dr. John Moffett, of Rushville, a veteran Indiana doctor, in renewing his subscription to the JOURNAL, writes as follows:

Having arrived at a much later period of life than forty years since, naturally enough thoughts of the past arise concerning the changes in medical thought and practice within the limits of our personal observation. Perhaps few things of investigation have undergone more marked, and it is to be believed advantageous, improvement than has medical learning. At least such is our personal conviction, so much has been added to the means of alleviation, improving and cure of disease as almost amounts to a complete revolution in the art and science of medical and surgical procedure. In the beginning of forty-seven years ago there was no relief from the pangs of pain in surgical or other operations. Since that time many articles have been introduced having the power to relieve the sufferer from the knowledge of pain under the knife or other operations necessarily attended and sometimes followed by much torture to the sensitive organism. Not only freedom from agony, but many things in surgery, are now easily and successfully performed, which, prior to these discoveries, could hardly be even considered much less successfully accomplished. Stillness of the sensitive body during the time of many very delicate surgical operations is the greatest in the possible results to be obtained to the advantage of the patient and the *cl t* of the ingenious surgeon. This embraces many cases in obstetric practice, as well as in those to be met in the treatment of disease. Anesthetics are very frequently useful to aid in giving immediate relief in an urgent case, until time shall pass to secure the effects of more, proficient and permanent agents for the relief of the suffering one. No one has as yet been able to properly estimate the boon to mankind of the discovery and introduction of ether and

chloroform in the category of remedial agents in assuaging human suffering and anguish of body incident to the accidents and diseases of the race. Not to be computed. Such has come in my time.

Again, not a word was taught or written in my pupillage concerning hypodermic medication. Something was said about the absorption of medicine, particularly applied to an abraded or blistered surface, so as to get direct and more immediate effect. Experimenters had been giving articles through the stomach, and then ascertaining how long before found coursing through the blood. Great caution was observed with regard to the human animal with reference to throwing articles into the blood channels directly, since it was well known the consequences of a molecule of air passing into a patulous vein during a surgical operation was almost sure, sudden death. The idea of injecting medicaments into the connective tissue immediately beneath the common integuments, came from a man in the common walks of life, but cultivated and developed by an intelligent physician before its proclamation to the medical world.

If no more than these named were the advancements in medicine—if they were the only movements onward for the softening and betterment of the ills of humanity, they would be grand, indeed. These are not the limitations—not by any means. Others come crowding in upon me in the detail that pages of paper could not delineate in words. Nevertheless, their value on the side of an afflicted race can never be comprehended; they serve only to give slight glimpses of the rewards of a benevolent spirit as a motive power to stimulate the human intellect in a systematic effort to push forward the wheel of investigation into the intricate ways of *mother nature*, and thus become more and more inducted into her fields of boundless treasures that man, though puny, now and then returning it may be only one sheaf, but that one may contain such blessings as can come from no other source than He whom "the heavens declare the glory of, and the firmament showeth his handiwork, day unto day uttereth speech, and night unto night showeth knowledge."

The Mississippi Valley Medical Association will hold its seventeenth annual session at St. Louis, October 14, 15 and 16, 1891.

The Indiana Medical Journal

FRANK C. FERGUSON, M. D. } EDITORS.
W. B. RYAN, M. D. }

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The members of the Profession of this State, whether subscribers or not, are especially invited to send their contributions to this journal.

To insure prompt publication contributions must be mailed by the 15th of each month, and should not exceed 1,500 words.

Short practical articles, reports of Society meetings, and medical news solicited.

The Editors are not responsible for the opinions of contributors.

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THE CLASSES OF 1891.

The first classes under the new order of things, at least so far as extension of term enters as an element in the new order, are now stepping into the arena.

So far as our observation extends, the teaching has been better. Teachers have brought more vim and enthusiasm into the lecture-rooms, and have exerted themselves to accomplish better work than heretofore, and we are confident that the average class will be better equipped than hitherto. A vast amount of cheap wit and good-humored pleasantry will be indulged as these classes go forth from the various medical colleges at this season. Newspaper reporters imagine that these fledglings of the healing art are proper targets for their senseless jokes and jeers.

To those who have long toiled in the practice of this art, and who have passed through the severe mental strain and physical apprenticeship necessary to even moderate preparation for this noble life-work, there comes a feeling of deep interest—we had almost said

commiseration—for these young men in anticipation of the further hardships which must be borne, the trials and heartaches which are in the immediate future for these young gentlemen, who are about to venture upon the difficult and exhausting profession of medicine and surgery. The great Trousseau had a proper conception of the life of a physician, when he said to one of his classes: "Do you suppose that the great masters in medicine, whose names are in the mouth of every one of you, could by the powerful gifts which nature bestowed upon them have become princes of their art unless they had cultivated their natural powers at an early stage of their career, unless they had in early life greedily devoured the treasures of science which were spread out around them as they are spread out around you—unless, though wearied by, they had never been satiated with labor, and had believed that they had no right to reserve for their own use the riches which they had acquired, the discoveries by which they made themselves illustrious. May this, gentleman, be your noble heritage. But to secure it toilsome exertions are required. Whilst you are young, and while you make your first essay in arms, let your fields be the hospitals and the clinics. By pursuing this plan you will attain expertness in the practice of your art, knowing what science teaches, and having the power within yourselves of originating, then, also, will you begin that priesthood which will honor you, and to which you will do honor; there, too, will commence the life of sacrifice, in which your days and nights will be the patrimony of your patients. You must resign yourselves to sow in devotion that which you must often reap in ingratitude; you must renounce the sweet pleasures of the family, and that repose so grateful after laborious occupations; you must know how to confront loathsomeness, mortification of spirit, and dangers; you must not retreat before the menaces of death, for death achieved amid the perils of your profession will cause your names to be pronounced with respect."

Who is Dr. R. L. Moore?

One R. L. Moore, of Lincoln, Neb., has taken us to task very modestly and mildly in a letter to the editor of the *Medical and Surgical Reporter*. When we charged President Harrison with the appointment of an ignorant negro to the position of Pension Examiner, we spoke advisedly. It was unnecessary for R. L. Moore, of Lincoln, Neb., to inform us, and "those of the profession who do not take the trouble of posting themselves in regard to the workings of our system of government," of the method of making these appointments. We *knew* whereof we spoke, therefore the charge that "the JOURNAL casts truth to one side," is wholly unwarranted. The writer of the article may be open to the charge of partisanship, but, if so, it is partisanship in an unwavering allegiance to the Republican party, from the date of his majority to the present time. The JOURNAL emphatically has kept within the limits of truth.

The letter-writer says:—"And the Marion County Medical Society so far forgot its own dignity (if it passed the resolutions quoted), as to lend itself as an instrument to insult the President," etc. Well, the Society did pass them. There were forty members present—forty as excellent citizens, forty as irreproachable physicians as attend any medical society in this government. Many of them, perhaps all, knew Dr. Eibert, Dr. Stone, and Benjamin Harrison. Many of them, probably a majority, were, and are yet, Republicans—influential Republicans, admirers and some personal friends of the President. Yes, my dear, erudite, political economist, they did pass those resolutions unanimously.

Medical College Commencements.

The Central College of Physicians and Surgeons of Indianapolis, held its twelfth annual commencement at English's Opera House, on Wednesday evening, March 18, 1891. Although the weather was stormy, the house was crowded with an intelligent and appreciative audience.

After music by Miller's orchestra and invocation by Rev. Joseph A. Milburn, the valedictory was given by Dr. Simon P. Scherer. Dr. Scherer's address was delivered without manuscript. It was a model of pure English, delivered in a forcible and eloquent style, and completely captivated the audience.

The address on behalf of the faculty was delivered by Dr. J. R. Weist, of Richmond, who chose for his subject, "Divinity, Law and Medicine."

Dr. G. C. Smythe, of Greencastle, president of the Board of Trustees, conferred the degree of M. D. upon the following persons:—Edward M. Amos, Benton E. Bowers, Joseph A. Daniel, Milton M. Hess, Watt M. Harvey, Sarah C. Jackson, John D. Ketcham, John A. Lambert, Olive B. C. McCurdy, Lawson A. McCurdy, Grant V. Newcomer, A. O. Ruse, Thomas A. Ransom, R. S. Records, Simon P. Scherer, Byron N. E. Spees, and F. C. Tinsley.

The gold medal (faculty prize) was won by Mrs. Olive B. C. McCurdy, whose average per cent. was 98.4, the highest average ever made by any graduate of this college. Mrs. McCurdy also won the Vernon prize—a volume on Diseases of Children—and the Fletcher prize of twenty-five dollars in gold. Watt M. Harvey won the Brennan prize—a case of obstetrical instruments. The Long prize—a case of surgical instruments—was captured by T. E. Courtney, a junior student.

The commencement of the Medical College of Indiana will take place March 31st—too late for notice in this issue of the JOURNAL.

Prof. Joseph Eastman and Mrs. Eastman gave the faculty of the Central College of Physicians and Surgeons and the graduating class a banquet on the evening preceding the commencement exercises. Speeches were made by Drs. Eastman, Woolen, Sutcliffe, Earp, Maxwell, Long, Van Vorhis, Morgan, Thomas, Todd, Ferguson and others. Dr. John A. Lambert, on behalf of the graduating class, as a token of their high esteem of the recipient, presented Dr. Eastman with a handsome Masonic pin.

The American Medical Association.

The forty-second annual session will be held in Washington, D. C., on Tuesday, Wednesday, Thursday and Friday, May 5th, 6th, 7th and 8th, commencing Tuesday at 11 A. M.

The following amendments to the By-Laws have been offered, and will be considered at this meeting:

Offered by Dr. A. L. Gihon, U. S. Navy:

That the first day of the meeting of this Association shall be the first Monday of May or June respectively, instead of Tuesday.

By Dr. X. C. Scott, Ohio:

That the Committee on State Medicine be abolished, inasmuch as the Section on State Medicine occupies the entire ground.

By Dr. E. A. Wood, Pennsylvania:

That the word Physiology be stricken from Section I, and that a new Section, entitled the Section on Dietetics and Physiology, be formed.

By Dr. J. C. Culbertson, Ohio:

That the State and Geographical District Societies in affiliation at this time with this Association, having a membership of 100 or more, shall be recognized as branches of the American Medical Association.

That all members of said Societies enjoy all the rights and privileges now accorded to delegates.

By Dr. Wm. H. Daly, Pennsylvania:

That in future the permanent members have all the rights of delegates.

Secretaries of medical societies are earnestly requested to forward, at once, lists of their delegates.

Also, that the Permanent Secretary may be enabled to erase from the roll the names of those who have forfeited their membership, the Secretaries are, by special resolution, requested to send him, annually, a corrected list of the membership of their respective societies.

The address on General Medicine will be by Dr. E. L. Shurly, of Detroit, Michigan; on General Surgery by Dr. Joseph M. Mathews, Louisville, Ky.; on State Medicine by W. L. Schenck, Topeka, Kansas.

Among the questions that will receive free discussion, is that of the removal of the *Journal of the American Medical Association* from Chicago to Washington.

The Chairman of the Committee of Arrangements is Dr. D. D. C. Patterson, 919 I St. N. W., Washington.

We trust that the profession of Indiana will be well represented at the meeting.

NOTES AND COMMENTS.

The *Indianapolis Journal*, in reporting a case of suicide by shooting, said, "the ball lodged in the pleural cavity of the heart."

Members of the Indiana State Medical Society, and all others interested, should take note that the annual meeting this year has been changed to June 10th and 11th.

Reports upon the effect of jambul seeds upon the formation of sugar in diabetes mellitus, given in the last number of *Pharmacology of the Newer Materia Medica*, are very flattering. It seems that about four-fifths of the cases treated with this drug were markedly improved.

Lawson Tait describes the following procedure for dislodging impacted gall-stones: Pass a fine needle through the intestine from below (that is from the empty part of the intestine) into the gall-stone. The stone is thus easily split up into fragments and passes readily along the intestine, and the grave complication of opening the intestine is rendered unnecessary. The operation is, in fact, little more than an exploratory incision.

Dr. W. T. Greene (*Weekly Med. Review*), speaks in the highest terms of the efficacy of chloride of sodium in the obstinate vomiting of pregnancy. He says—"After trying everything I could think of without effect, I chanced to remember that I had found small doses of chloride of sodium (common salt), in chloroform water, very effective in arresting infantile sickness, and concluded to give it a trial, and did so. The effect was really magical. After the first dose, five grains in chloroform water, the sickness was lessened, and by the time she had taken six doses it had quite left her, and she was able to take and retain solid food, which it had been impossible for her to do for months previously. I found it necessary, however, to continue the medicine, though at more distant intervals, three times a day; for when it was left off for a few days the sickness returned."

"Dr." Morgan, the State Senator from Allen county, is responsible for the defeat of the amendments which the profession of the State asked the recent Legislature to make to the medical law. Not a single amendment was passed, not even the amendment making license in one county good for any other county in the State. The profession in Indiana need not expect to secure wholesome medical legislation, so long as such fellows as "Dr." Morgan, of Fort Wayne, can be elected to the Legislature. In the meantime Indiana will continue to be the dumping-ground for all the quacks in the universe.

At a regular meeting of the Wayne County (Ind.) Medical Society, held on March 12th, it was the sense of the Society, unanimously expressed, that the office of the *Journal of the American Medical Association* ought not to be removed from Chicago to Washington at this time, and its delegates to the ensuing meeting of the Association were instructed to vote against such removal.

Dr. J. F. Baldwin, in a paper read before the Ohio State Medical Society, gives as his obstetrical triad this:

During the first stage of labor, morphia.
During second stage of labor, chloroform.
During the third stage of labor, nothing.

Conclusions.—Chloroform relieves pain. It shortens labor usually. It prevents shock. It prevents nervous and physical exhaustion. It reduces the liability to rupture of cervix and perineum. It does not conduce, in any material degree, to post-partum hemorrhage. It does not affect the fetus. It is absolutely safe when properly administered.

Contra-indications.—1. Such conditions of labor as lead the obstetrician to believe that he may, at some supreme moment, require all the woman's voluntary efforts to assist him. Such conditions are very rare.

2. Fatty degeneration of the heart; though, if we accept the conclusions of the Hyderabad Commission, even this may not be a contra-indication; and the disease is scarcely ever diagnosed except post mortem.—*Practice.*

An old friend of ours, Dr. M. Murray Hess, is in the list of graduates of the Central College of Physicians and Surgeons. The doctor has lived in California for the past five years. From our knowledge of the doctor's ability in the management of difficult cases in the past, we bespeak for him eminent success in the practice of his beloved profession.

To remove the offending portions of an ingrowing nail, Dr. Purckhauer moistens the surface of the diseased nail with a forty per cent. solution of caustic potash, and then scrapes off the softened upper layer with a sharp-edged piece of glass. After a second application of the potash solution the scraping is continued until the nail is as thin as a sheet of paper. It is then lifted from the soft parts with forceps, and the diseased parts removed.—*Therap. Gaz.*

Practical Medicine.

The Creosote Treatment of Tuberculosis.

BY THEODORE POTTER, A. M., M. D.

Lecturer and Demonstrator in Bacteriology, Medical College of Indiana.

In a recent number of the *Berliner Klinische Wochenschrift*, Sommerbrodt, the chief advocate of the creosote treatment of tuberculosis, gives a review of his thirteen years' experience. Various authorities had used creosote in this disease, but to Sommerbrodt, of Breslau, is due the chief credit for giving the method its present prominence. In again calling the attention of the profession to the value of the drug, Sommerbrodt suggests it as a supplement to the Koch treatment, and urges that it has the advantage of Koch's method in being applicable to all forms and stages of the disease, and in being subject to no contra-indications. He cites seventeen cases, taken because they illustrate the points he wishes to emphasize. These cases were all seen by other physicians, the diagnosis well established in most by the presence of the tubercle bacillus, and whose histories ex-

tend over a number of years. In most of them also climatic treatment was not available.

Sommerbrodt refers to the experiments by Koch and Fraentzel and by Cornet, to determine, if possible, the influence of creosote on the tubercle bacillus. Cornet inoculated several guinea-pigs with tuberculosis, and then gave them creosote by the stomach. No effect was discoverable, for all the animals died of the disease. Sommerbrodt urges that such experiments should not condemn the creosote treatment; for, in the first place, experience has shown that inferences from experiments on animals must be transferred to man with great caution; and second, he quotes Koch himself as having stated that men are many times more susceptible to the "lymph" than guinea-pigs. Why, asks Sommerbrodt, may not the same thing be true of creosote?

Such experiments do not negative the facts of clinical experience.

Sommerbrodt suggests that an attempt should be made to cultivate the bacillus on blood serum obtained from men who had been under the creosote treatment for six or eight weeks. This has not yet been done. Guttman, however, has shown that 1 to 4000 creosote will prevent the growth of the bacilli on culture soils.

The results of Sommerbrodt's experience with five thousand cases are, that in a considerable proportion, and that greater than under any other plan, definite recovery may be secured, provided the proper method is carried out. He emphasizes the importance of early diagnosis and treatment, and lays much stress upon four factors, which, he says, have not heretofore been fully appreciated by the profession. These are:—first, the necessity of using a good quality of creosote; second, large doses, *i. e.*, a gramme or more daily; third, continuing the drug a long time, *i. e.*, several years in many cases and always for some months after all symptoms have disappeared; fourth, the medicine must always be given after the three principal meals, never on an empty or comparatively empty stomach. He gives the creosote with balsam tolu or cod-

liver oil, in small capsules. Many of his patients have taken from one to two grammes daily for long periods. Some of the cases reported have used it for two, three and four years, or even more. He insists also that, begun in small doses, increased gradually, and observing the rules laid down, it does not often disturb the digestion but rather the opposite. The profession must change its views on this point, as his five thousand cases have taught.

This report is valuable, as coming from a careful and skillful observer, but chiefly because it covers a long period of time, and is not based upon the deceptive experience of a few months. The treatment is simple, certainly free from any danger, does not exclude the use of any or all other agents, and it does look as though it were really curative.

The writer has used the creosote plan as fathered by Sommerbrodt, for some time, and can at least confirm the statement that in but few cases, properly used, is it necessary to retreat to save the stomach.

The Koch Treatment—German Conclusions as to its Value.

After the Koch treatment had been under way for some time in Germany, Professor B. Fraenkel read a paper upon it before the Berlin Medical Society. This was in December. Since then, at each of the weekly meetings, the matter has been discussed, cases favorable and unfavorable presented, various clinicians have given their experience, and Virchow has presented, from time to time, the material taken from the bodies of those who had died during or after the treatment.

These reports and demonstrations of Virchow, the president of the society, showed the possibility, even the probability of danger, and have undoubtedly led to greater caution in the use of tuberculin. That there should be such danger in it is not surprising; the same thing is true of every active remedy. The plan of treatment pursued in Germany has been to push the injections to secure

pronounced reactions and to continue this till, within a few weeks, the dose was run up to several centigrams or even decigrams. Most of the deaths have been in those treated in this way. Some, of course, have died after brief treatment and small doses; but then, out of hundreds of cases of tuberculosis, many of them advanced, this is to be expected under any treatment or no treatment. So, too, the supervention of general miliary tuberculosis, catarrhal pneumonia, "caseous pneumonia," brain, laryngeal or intestinal complications, is not rare under ordinary conditions. The same things are not infrequently found, unsuspected perhaps, at the autopsy. These facts must be taken into consideration in judging of the effects of the Koch treatment.

At the meeting of the Society, February 18th, Dr. Fraenkel closed the discussion on his paper. He reviewed the reports made by the different observers, and gave his conclusions to date, so far as conclusions can be reached. He expresses the belief that the deaths which have occurred are by no means all due to the remedy; but intimates that too liberal dosing may be responsible for some of them. Further, that caseous pneumonia, found in those who had been under treatment a short time, could only be a feature of the disease, not a result of the lymph. If the agent causes pneumonia, it would be of the catarrhal variety. Indeed, he clearly admits the possibility, even the probability of this result. Why such an agent might cause catarrhal pneumonia, any one can understand. As to the diffuse miliary tuberculosis found at autopsy, Fraenkel urges the same argument, that the tuberculin could not have caused it, in most of the cases, for the time was too short. Widespread miliary tuberculosis could not spring up in two days. There is no warrant in pathology or clinical experience for such a belief. If, he says, tuberculin could cause miliary tuberculosis, it would have been seen more frequently among so many cases. But the truth is, it has been very rare. Some of those whose

experience has been largest have seen no such results.

In conclusion, Fraenkel says that were he asked what he thought of the Koch method to day, he would answer that the more he saw of it, the more was he convinced that Koch's claims were true, that it was a successful means of treating tuberculosis in its earliest stage. It must be acknowledged that there have been some unfortunate results in bad cases, and that it may possibly arouse a latent tuberculosis. But, on the one side, there is the Koch method having some danger, but with a large number of cases in which much improvement has occurred, and some in which an apparent cure has been brought about. On the other, there is a great series of agents which have proven of no great value for improvement or cure. "I do not hesitate, therefore, to decide Koch's treatment much the most promising among those known for the treatment of tuberculosis in its earliest stages. For all cases it is assuredly not to be used, and we must with great caution in the diagnosis select the cases which may really be called beginning before using the remedy."

The correspondent of the *Medical Record*, March 14th, says:—"The strong reaction against the use of Koch's lymph, which set in some weeks ago, seems to be losing its force, and renewed confidence is felt in the remedy under the influence of reports from Berlin and the provincial clinics, where the method has had a more extended trial. Much greater care is used than at first in selecting cases for treatment. It is refused to all who show a pronounced hectic fever, or who have the signs of extended tubercular infiltration in the lungs. Under the influence of improved instruments, greater accuracy in dosage, and stricter limiting of cases for treatment, there has been a great improvement in statistics, and greater confidence in the remedy is felt on all sides."

In Indianapolis, thus far, thirteen persons have received the tuberculin treatment. Some are better, several are much better, none are

apparently the worse for the remedy, and several have ceased treatment for reasons which it is not necessary to explain here. It was not because they were worse.

The writer is not yet prepared to make a detailed report. This will come later. In the meantime any physician visiting the city is at liberty to see the cases and the application of the remedy.

Physicians wishing to have patients treated should limit their encouragement to those in the earlier stages, or in whom the disease is not widespread. Lupus and laryngeal tuberculosis are the forms in which the typical effects are best seen.

The attitude of experiment is still the proper one, and in justice to Koch and to scientific progress we can not keep too clearly before us the fact that the only claim ever made, so far as lung cases are concerned, was that it might cure the disease in its early stages. The public and professional sensation now being over, we are now coming back to a fair test of this, Koch's original and only proposition.

Treatment of Asthma.

There is one other method of treating asthma that is not, I think, generally practiced, but to which I wish more particularly to draw attention. A person liable to attacks of asthma should be classed with those persons who have fits of epilepsy, and with those who suffer occasionally from sick headache. By this I mean that all these patients have unstable nerve centers, liable to explode their energies at any moment and exhibit the pathological phenomena peculiar to nerve storms. Our treatment here should, I think, be an endeavor to break the habit morbidly acquired by the nerve-centers, and by regular prolonged medication to maintain the centers in a state of more stable equilibrium. This is done very successfully in the majority of cases of epilepsy, and I have applied the same principle with success in cases of severe migraine and asthma. In these cases I give chloral and belladonna night and morning, or every night at bedtime, and I have found the attacks not only lessened in frequency, but also considerably diminished in severity.—*Practitioner; Times and Reg.*

Treatment of Sciatica.

Dr. N. B. Pritchard, New York, contributes to the *Amer. Jour. of the Medical Sciences*, an article on this subject, reviewing fully the etiology of this distressing complaint, as well as the principles involved in its relief. "Removal of the cause, where the relationship is clear," says the doctor, "is at all times all that is necessary in the line of treatment. If this is not determinable, the treatment resolves itself into three cardinal principles—the relief of pain, the antagonizing of inflammation, and absolute rest of the part. Of these three, the last is the most important. The patient should not only be put to bed and kept there, but he should be mechanically restrained from exercising the functions of the diseased nerve. This can be best accomplished by applying a splint, extending from the axilla to the foot, so adjusted to the side of the body and leg as not to interfere with the local treatment along the course of the nerve. The splint should be worn until the symptoms have disappeared or until the disease has passed into a chronic state, which is rare to day in comparison with its former frequency. Inflammation is best antagonized by cold applications in the form of rubber bags filled with ice. In the few cases in which cold acts badly, hot applications may be substituted. They should never be alternated, however. This treatment, with morphine to relieve pain, is all that is necessary in the first stages. After the acute stage is passed, the cold applications may be dispensed with. Your active inflammation has subsided, and you have to deal with mechanical effects produced by the morbid products of inflammation within the nerve sheath. To hasten the absorption of this irritating material, massage will be found most valuable. The manipulations should be gentle at first, once or twice daily, and continued for fifteen to thirty minutes. It is here that electricity finds its place by reason of its catalytic and alterative action. Galvanism is the form indicated, and the entire nerve should be included in the action of the current, which should be continuous, and never interrupted. The current should not exceed five milliamperes or less. Should the case manifest any tendency to develop a chronic state, the current should be increased, or it may be interrupted slowly, for its stimulating effect. The interrupted current should be used in these cases with extreme caution.—*Clinique*.

Treatment of Chronic Rheumatism.

Chronic rheumatism, if we include chronic articular rheumatism, and all varieties of muscular rheumatism under that heading, is a very troublesome complaint, but a very important one, owing to the large number of people, especially amongst the poorer classes, who suffer from it.

The treatment is, therefore, one to be carefully considered; and in this short article I propose to give a brief resume of the methods of treatment I have found most beneficial.

The clothing of the patient must be attended to. It is essential that flannel should be worn next to the skin. The Jager under clothing is very good. The diet should be nourishing, and, if stimulants are required, a little whisky is, perhaps, the best. The internal treatment adopted is very various. I have found the following prescriptions most useful:

R Pot. bicarb gr. xv.
Pot. iod gr. ii j.
Tr. hyoscyam m. x.
Spt. chlorof m. v.
Inf. gentian oz. ss.

M. S. F. haustus. ter in die.

In strong adults, a few drops of vin. colchici is beneficial.

I have seen good results in three grain doses of salicylate of soda three times daily. Guaiacum is useful in some cases.

R Ferri et ammon. clt gr. x.
Pot. iod gr. ii j.
Pot. bicarb gr. xij.
Spt. chlorof m. v.
Aque pimentæ oz. j.

M. S. Ter in die.

The syrup ferri iodidi answers well in some cases. If there be much pain, opiates, especially given subcutaneously, are often of marvelous efficacy. If the patient is debilitated, cod-liver oil is useful.—*Hosp. Gazette; St. Louis Clinique.*

Atropine for Enuresis.

Enuresis may be controlled by atropine oftener and better than by any other drug, but success in this method of treatment depends upon the manner of administration. Dr. Bruce James, of New York, read a paper on the topic before the section on diseases of children, at the last meeting of the American Medical Association. He insists, as others have insisted before him, upon the necessity of producing the physiological effects of the drug to insure relief of the enuresis, and ad-

vises as a plan of treatment to make "a solution of atropine sulphate, of which one teaspoonful represents 1-100 grain of the drug. Of this solution, for the first night, each child has one teaspoonful at six and another at nine P. M., and this is to be increased by one teaspoonful every night until a controlling dose is reached for each case." Of the cases where he tried it, none of the patients have been benefited by less than four-hundredths of a grain taken in the course of the evening. This seems a large dose for a child, but it should be remembered that children are particularly tolerant of belladonna and require about the same dose as an adult. The necessity of producing the physiological symptoms of this drug in order to get benefit from its use was particularly insisted upon by Trousseau, who may be regarded as the father of the use of belladonna in medicine.—*Northwestern Lancet.*

Cheyne-Stokes Respiration with Arrest of the Heart during Respiratory Action.

M. Hallopeau reports a case of the above, and arrives at the following conclusions:

1. The phenomena of Cheyne-Stokes may be accompanied by a complete arrest of the pulse and the heart; this arrest is produced at the commencement of the respiratory action, and stops an instant before the pause.

2. A circulatory pause thus succeeds the respiratory pause, and one and the other regularly alternate.

3. Epileptiform convulsions may result, not, as stated by Traube, at the moment of the respiratory pause, but during the phase of the forced respirations.

4. These phenomena may be due, as the respiratory movements, to the excitation of the mesocephalus by the non oxygenated blood.

5. The phenomena of Cheyne-Stokes do not necessarily indicate grave prognosis, even when it is clearly characterized.

6. It may continue for years without causing death.

7. It may be observed in severe hysteria.—*La France Medic le; Times and Reg.*

Menthol for Vomiting of Pregnancy.

R Menthol gr. xv.
Alcohol f. dr. v.
Distilled water q. s. ad. f. oz. v.

M. Sig.—Tablespoonful every hour.

—*Med. and Surg. Reporter.*

*Obstetrics and Gynecology.***Report of Two Cases of Tubal Pregnancy—
Laparotomy—Recovery.**

BY EDWIN WALKER, M.D., PH.D., EVANSVILLE, IND.

CASE I. Mrs. E. S., age twenty-seven, married four years; sterile. Was called to see her on the evening of August 11, 1890; found her suffering with severe cramping pains in the lower part of the abdomen, worse on the right side. She had suffered with some uterine or pelvic trouble before marriage. She had leucorrhea, which has continued to the present time, but not so profuse for the past year. Since her marriage she has been an invalid almost all the time. At first she had more pain in the left iliac region, but for a year or more it has been worse in the right. For the past year she has been much worse, and had frequent attacks similar to the present one. For the last three weeks, however, the pains were much more severe, and at times unbearable. She has suffered much with backache, headache, smothering spells, and general nervousness. Bowels were generally constipated. Menses have always been very irregular; often missed a month or two; sometimes came too soon, oftener too late. For the past year the flow has been very scanty, lasting from one to three days, and accompanied by severe pain during the entire flow. She menstruated March 30, April 26, May 18, June 29; in July missed. Aug. 1st sanguineous flow appeared, with attacks of cramping pain, and continued until the time of operation. Nothing resembling membrane was noticed in the discharge. She had nausea in the morning. The pulse was full and strong, temperature normal, and, except the pain, her condition was good. I administered a hypodermic of morphia, and told her I would see her the next day. The following morning I found her comfortable and she felt much better. I attempted to make a bimanual examination, but it was so painful I had to desist. For various reasons the examination was postponed until August 16th, when there was a severe attack of pain. With the assistance of Dr. Hodson an examination under ether was made. A soft tumor as large as the fist was found to the right and behind the uterus. The latter was small and very movable. The left side was normal.

The next day, August 17th, assisted by Drs. Vaughn, Owen, Norman, Linthicum and

Hodson, the patient was etherized and the abdomen opened. As soon as the perineum was cut through, a dark, bloody fluid began to escape. The tumor was with little difficulty drawn out. The most of it was coagulated blood adhering to the ruptured tube. More than a pint of clotted blood was also removed. The tube and ovary were ligated with silk and the entire mass removed. The rent was about one inch and a half in length, on the superior aspect of the tube. This portion was lined by a membrane (chorion). No fetus was found. The abdomen was thoroughly irrigated with several gallons of boiled water at a temperature of 105° F. This consumed more time than the operation itself. I wanted to continue until the water came out clear, but after twenty to twenty-five minutes it was still distinctly reddish. As careful examination failed to disclose any bleeding points, I proceeded to close the abdomen. A glass drainage-tube was then inserted, the wound closed with silkworm gut sutures, and a light sublimated gauze dressing applied.

The patient reacted nicely, and, except some pains and vomiting for the first twelve hours, progressed favorably. There was considerable drainage for the first twenty-four hours, but by the third day it had almost ceased and the tube was removed. The stitches were taken out the twelfth day and the patient sat up. The highest temperature was 101½° F., and pulse 104. Milk appeared in the breasts and gave some little trouble.

When I returned from the operation (Aug. 17th), I found waiting for me a lady who gave the following history:

CASE II. Mrs. I. W., age thirty-five, twice married, the last time four months ago; has one child six years old. She had been sewing and working very hard, and was poorly nourished. She says she never had any uterine trouble. Menses were always regular up to the last appearance, June 18th last; July she missed. From the 15th of July she felt slight pains and thought she was "coming unwell," but nothing appeared until August 11th, when a sanguineous discharge commenced and continued until after the operation. August 14th she passed something that looked like mucous membrane, which I did not see. Pains became more severe from this time. She had had morning sickness since she missed her period. She was suffering with considerable pain when she came to my office. I attempted to make an examination, but could not make a satisfactory one on ac-

count of soreness. I gave her an opiate and told her to let me know her condition the next day. She felt much better, and sent word she was well. About 5:30 p. m. the day following (August 19th) I was summoned in haste. I found the patient living in a single room with surroundings most unpromising. She was suffering greatly with cramping pains in left groin. I administered a hypodermic of morphia, which soon relieved her. Pulse was good, temperature normal. Later in the evening she grew much worse, and required two half-grain doses of morphia, two hours apart, to relieve her. This narcotized her to such a degree that the family became alarmed and summoned me at 2 p. m. Her pulse was good, however, breathing slow, and I left without attempting to arouse her. I found her a little better in the morning. At no time was there anything like shock or collapse. I insisted that she be removed at once to the hospital for examination, and operation if necessary. Owing to some misunderstanding this was not done until late in the evening. When she arrived at the hospital the temperature was 100° F., pulse 100 and good, and with one third grain of morphia she rested well all night.

The next morning (August 21st) at ten o'clock, in the presence of the same gentlemen who assisted with the first case, the patient was etherized and the abdomen opened. The same condition was found as in Case I, except that the trouble was on the left side and the ovum located a little differently. The rupture in the tube was about one inch in length, on the anterior aspect. The ovum had occupied only the outer one-third of the tube, and was also firmly attached to the omentum. Part of the hemorrhage had come from the vessels of the latter, and after the tubes and ovary had been removed a piece of membrane similar to the one lining the tube, as large as a silver dime, remained. Fearing that this might cause hemorrhage, the part of the omentum to which it was attached was removed. A case is reported by Eberth and Kaltenbach (*American Journal of Obstetrics*, 1890, p. 915) in which death was caused by hemorrhage from "floating vascular pseudo-membranes." The pulse became very feeble before the operation was completed. This improved during the irrigation with the hot water. A considerable quantity of water was left in the abdomen, and aided, I think, in bringing about reaction. The water came out clear in a few minutes, and a drainage-

tube was introduced and the incision closed as in Case I. She suffered none from shock or vomiting and very little pain. The recovery was uneventful. The drainage-tube was removed on the second day, and sutures on the twelfth day. Highest temperature, 100° F. The patient had been so much reduced that it took a little longer time to regain her strength. She left the hospital on the 8th of September, or the eighteenth day.

It is not my intention to attempt to discuss the subject of tubal pregnancy. The many able articles on the subject during the last few years have presented about all the points worthy of consideration. I want merely to call attention to the fact that there were no symptoms in either case that would make one positive that rupture had taken place. The size of the tumor would lead to the suspicion, but the pregnancy might be older than the menses seemed to indicate. There was no shock in either case. It is equally true that no one could tell whether further hemorrhage would occur. While it is true that some such cases recover after rupture, it seems to me that the danger of delay is greater than a laparotomy.

The following quotation from Prof. Goodell (*American Jour. of Obstetrics*, 1889, p. 119) so aptly expresses what I consider the present status of the question of treatment of cases of tubal pregnancy, that I can not do better than to close my report with it:

"As we can never know positively beforehand whether or not hemorrhage has occurred, my own feelings are in favor of immediate section. While the difficulties of diagnosis are undoubtedly very great, this need not interfere with our treatment. We find a woman suffering certain pelvic symptoms; we discover an extra-uterine tumor of some kind. Now, a painful pelvic tumor must be removed, whatever it is. The only change in the treatment would be to hasten on the operation were the symptoms pointing to extra-uterine fetation."

Extra-Uterine Pregnancy.

At the Clinical Society of Louisville, January 13, 1891, Dr. L. S. McMurtry presented a specimen from a case of extra-uterine pregnancy, with the following history:

Mrs. S. E. M., age twenty-seven years, married nine years. Eight years ago she suffered an abortion at three months, has had uterine disease ever since, and has been sterile. She missed the menstrual period in November,

and on December 7th called to see her physician, Dr. Geo. W. Griffiths. Her complaints were of general abdominal pain and discomfort. She again called on Dr. Griffiths on December 11th. On the 13th, two days later, she had a violent paroxysm of pelvic pain localized on the right side. Dr. Griffiths saw her soon afterward and administered a dose of morphia. She was relieved for the time. On the evening of the 18th Dr. Griffiths summoned me to meet him in consultation, and expressed the belief that abdominal section was indicated. The abdomen was swollen and tender with increasing peritonitis. There was a bloody flow from the uterus. Patient was pallid as from post-partum hemorrhage. A vaginal examination showed the uterus pushed to the left side and the pelvis choked with effusion. The pulse was 134, small, the pulse of hemorrhage. The bowels had not acted for four days. We gave an energetic purgative, and arranged for operation the following morning.

Early on the morning of the 19th I opened the abdomen. Dr. J. W. Guest gave ether and Dr. Griffiths assisting. On opening the peritoneum a large quantity of blood flowed out over the table. More than a gallon of blood-clot was removed. The fetal ball was on the right side, The right appendage was tied off close to the uterus, the cavity irrigated with warm distilled water, a glass drainage-tube placed, and the abdomen then closed. When put on the table the pulse was 140 and quite feeble. The appendage on the opposite side was not removed, as I feared to prolong the operation. The operation was concluded in thirty minutes.

The specimen is of great interest. You will recognize here the ovary, and here the ruptured fallopian tube and the fetal envelop. From this poured the fearful hemorrhage, which invariably ends in death if not arrested by surgical interference.

This is the first case of extra-uterine pregnancy, so far as I can learn, operated upon in Louisville by abdominal section at the time of rupture. The success of the case is due to Dr. Griffiths' recognition of the gravity of the situation, and advice for immediate operation.

Ectopic gestation is a very common accident. Hundreds of women perish annually from this cause because it is not recognized. Dr. Formad, the well known pathologist of the University of Pennsylvania, as coroner's physician for Philadelphia, states that in one

year he found post-mortem nineteen cases of ruptured ectopic pregnancy unrecognized. The symptoms are those of shock, internal hemorrhage and peritonitis. The patients exhibit a history of sterility and peri-uterine inflammation. The fertilization of the ovum in the fallopian tube is due to a desquamated salpingitis by which the lining of the tube is deprived of its ciliary epithelium. Extra-uterine pregnancy is almost invariably tubal. The tube ruptures about the twelfth week. It may rupture through the free surface of the periphery of the tube directly into the peritoneum, as in the specimen here presented. This is a deadly accident, if the hemorrhage is not arrested by surgical means. The rupture may occur in the portion of the tube included between the folds of the broad ligament, allowing the fetal structures to escape into the cavity of the broad ligament. These latter are the cases of extra-uterine pregnancy which go on to a viable period. Extra-uterine pregnancy until very recently was not understood in its pathology, and was classified and treated as accidental hemorrhage, hematocele, etc. It is now well known that most cases of hematocele so-called, are in reality cases of ectopic pregnancy. The treatment in all cases should be immediate abdominal section. The uterine appendages of both sides should be removed, inasmuch as the predisposing salpingitis is symmetrical. I have now operated in three cases within the last two years for ruptured tubal pregnancy, and all have recovered. The only safety in such a condition is immediate operation. The diagnosis before rupture is practically impossible. When rupture occurs the indications for surgical interference are as positive as in treating a wound of the brachial artery.

Dr. Geo. W. Griffiths: I can add very little to the history as already detailed. As soon as the symptoms of shock and hemorrhage appeared I advised operation. I have witnessed a great many bloody operations, and in my work as a railroad surgeon have seen many severe accidents, but I must say that when the abdomen was opened in this case and the blood gushed out it was the most formidable operation I have ever seen. I saw the patient to-day and she is entirely healed and well, though she is pale from the severe loss of blood. She went out to the table and ate with the family to-day for the first time, three weeks after the operation.

Dr. I. N. Bloom: Had the symptoms been

more pronounced the night you first saw her would you not have operated immediately?

Dr. McMurtry: Operation would have been immediately done had the diagnosis been absolutely positive. That is, of course, impossible before the abdomen is opened.

Dr. J. A. Ouchterlony: I do not know when I have seen a specimen and heard a report so interesting and of such great practical importance as this. It brings vividly to my mind a number of cases I have seen during the past thirty years, which were diagnosed by myself and others with whom I was associated as pelvic hematocele, and at the same time there was always something inadequate in the diagnosis, and it seemed incomprehensible why there should be such terrific hemorrhage and such profound shock. It is a great satisfaction to know that light has been shed upon this important and perilous condition, and that we can predicate accurately the pathological condition. Cases that formerly were considered to be cases of hematocele are now known to be ruptured ectopic pregnancy. A most pleasant reflection is the fact that these cases can be so successfully managed by prompt surgical interference. It gives confidence and hope to the medical attendant, and it is a warning, and a solemn one, to lose no time in adopting the prompt course of procedure taken in the case just reported.

Dr. F. Leber: Many cases of hematocele recover by absorption, without operative interference.

Dr. McMurtry: When rupture has occurred through the free surface of the tube it is a deadly accident from hemorrhage, unless treated by surgical means. If the rupture, however, takes place into the folds of the broad ligament the effusion may become absorbed, or the fetus may develop there, forming abdominal pregnancy and going on to and beyond full term. The fetal mass may break down and suppurate, discharging by the rectum or bladder. In any contingency the safest result is secured by abdominal section. There is less danger in abdominal section according to modern methods than by taking the risk of these several terminations.

Vomiting of Pregnancy.

R Tincturæ iodi,

Chloroformi, aa p. seq.

M. Sig.—Take 5 drops in a little water, at meal-time, morning and evening.—*Satellite*.

Materia Medica and Therapeutics.

BY S. E. EARP, M. D.

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On Dietetics of Chronic Nephritis.

In a preliminary note in the *Vratch*, Dr. Nikolai S. Zasiadko, St. Petersburg, describes a very interesting group of elaborate clinical experiments which he has carried out in order to elucidate the influence of vegetable, animal and mixed dietary on albuminuria, the arterial tension, pulse, dropsy, temperature, body's weight and general nutrition in patients suffering from chronic Bright's disease. In all, ten patients were selected for the purpose. In each case the observation lasted a month, being divided into three equally long periods, during one of which the patient was kept on a pure vegetable diet; during the second on an animal diet (with addition of bread, from fifty to two hundred grams a day), and during the third on a mixed one. The following are the main deductions drawn by Dr. Zasiadko from his researches:

1. Under the influence of a *vegetable* dietary, the daily quantity of albumin in the urine considerably decreases, the arterial tension is lowered, dropsy markedly increases, the pulse becomes slower, weaker and more easily compressible, the patient's general objective and subjective state grows worse (there appear general weakness, listlessness, disinclination to movements, etc.), the appetite gradually disappears.

2. Under the influence of an *animal* diet, the daily quantity of albumin in the urine markedly increases, the arterial tension rises, dropsy decreases, the pulse becomes more frequent and fuller, the bodily weight decreases *pari passu* with the disappearance of edemas, the daily amount of the urine, its proportion of solid constituents and specific gravity increase, the patient's general state markedly improves (the patient becoming cheerful and stronger, inclined to exercise, etc.)

3. A *mixed* dietary stands midway between a vegetable and an animal one but comes nearer to the latter, as far as its influence on albuminuria is concerned.

4. The most prominent symptom of chronic nephritis is constituted by a morbid alteration of the blood which is characterized by

an increased proportion of water and a decreased one of proteids, hemoglobin and morphological elements. Hence, to restore the normal properties of the blood and to improve the patient's general nutrition, it appears necessary to keep him on a liberal diet abounding in proteids. All apprehensions concerning the development of uremia from such regimen are void of foundation.

5. Contrary to various theoretical objections, brought forward by Lepine and Senator, animal food (butcher's meat, etc.), does not cause any renal irritation in chronic nephritis and does not give rise to any exacerbation of the chronic renal process. In acute or subacute cases, however, the dietary can be resorted to only with certain caution.

6. An abundant proteid food usually augments the proportion of albumin in the urine, causing the so called "dietetic albuminuria" (which, however, swiftly disappears on decreasing the proportion of proteids in the patient's food). In view of the fact, the said proportion of albumin alone can not afford a criterion for appreciating the gravity of the renal process. The patient's dietary must be always also taken in due consideration.

7. In chronic cases, a moderate exercise increases albuminuria but to a slight extent. Hence, it can and must be allowed to such patients.

8. According to modern scientific teachings (Gull and Sutton, Dickinson, Meigs, Johnson, Rayer, Kuskoff), chronic Bright's disease constitutes a general affection of the vascular system (and not a local lesion of the kidneys alone, as was formerly thought and taught). Hence, the practitioner of now-a-days can not possibly limit his efforts solely to controlling albuminuria, but must strive to improve the patient's general nutrition by means of an appropriate diet. Only such treatment can lead to improvement in the nutrition of the renal tissues.

9. The best dietary for chronic nephritic cases consists in a mixed (animal and vegetable) food. In chronic interstitial nephritis, accompanied by a general weakness, an animal food should predominate in the dietary, while in chronic parenchymatous nephritis vegetable food articles with milk should be in a relative excess.

10. Cooked or roasted Italian chestnuts markedly lower the proportion of albumen in the urine, which is, probably, dependent upon their containing tannic acid.—*Medical and Surgical Reporter*.

How to Clean Old Slides and Utilize Spoiled Mounts.

Dr. H. M. Whelpley, F. R. M. S., writes:—For two years past, I have permitted soiled slides and spoiled mounts to accumulate in a box set aside for that purpose. The process I have recently followed in reclaiming them has been successful. I first placed the unsightly rubbish in a dish of clean water, where it remained until all of the labels were readily removed; with an old knife I next scraped off the cells and all cement that could be easily removed in this manner. All slides where glycerin or other substance soluble in water had been used as a mounting medium were again washed, and then the entire pile spread out and dried. I separated those that were clean and placed the rest in alcohol for several days. This solvent cleaned another portion of the slides, so that all they required to render them as good as new was a washing in water. The remaining dirty ones were treated to a bath of oil of turpentine, where they rested for a few days. From this they were washed with alcohol and then finished in water. The few refractory ones that held out during all this time were made as clean as ever with benzol.

Although considerable time elapsed before the last slide was cleaned, it required but few minutes of actual labor in the entire process. The time consumed is in letting them stand in the different liquids. Nor is the process expensive, as the oil of turpentine did most of the work. Hereafter I shall divide my old slides into three classes and clean them separately, so that less alcohol will be required. The first box will contain slides that can be washed clean with water, the second lot will be those that alcohol will clean, and the third one requiring benzol. Cover-glasses are so cheap that I do not save them, unless they are easily cleaned with water. I find it very difficult to properly clean thin cover glasses that have cement on them.—*American Microscopical Journal*.

Popular Faith in Alteratives.

Since the nature of the action of this class of remedies is to some extent as yet undetermined and obscure, they are necessarily prescribed empirically. To this fact is, perhaps, due the promiscuous use by the public, not infrequently with the indorsement of physicians, of a host of nostrums of no real medicinal value. Many of them have had an

enormous sale—indicative not so much of their worth as of the general belief in the necessity for the use of what are popularly termed "blood purifiers." Spring is the season when these are most generally resorted to. When we consider that there is no condition of disease at some stage of which tonic alteratives are not indicated, it will be appreciated that next to agents such as opium and quinine, the action of which is specific, no class of remedies are more frequently demanded.

Messrs. Parke, Davis & Co. supply, under the name of Syrup Trifolium Compound, an alternative formula containing red clover, stillingia, cascara sagrada, burdock root, poke root, prickly ash bark, berberis aquifolium, all valuable vegetable alteratives, either with or without potassium iodide. This has been used by physicians with much success in all conditions requiring alterative treatment.

Statistics of Anesthetics.

We believe that St. Bartholomew's Hospital is the only one in the metropolis in which a record is kept and statistics published of the number of times anesthetics are administered during the year. These statistics are both interesting and instructive, and become valuable as showing the direction of the current in favor of or against a particular anesthetic agent. Turning, for example, to the records for 1879, we find that out of 2,094 anesthetizations chloroform was given 975 times, nitrous oxide gas alone 112 times, ether alone 23 times, and ether preceded by nitrous oxide 984 times. In 1889, however, the records are as follows: In 3,606 administrations—chloroform 1,601 times, gas 686, ether 810, gas and ether 509 times. Thus, on comparing these figures the remarkable fact becomes apparent that chloroform has again come to the front as the most popular anesthetic at St. Bartholomew Hospital. Not only does the mixture of ether and gas not maintain its position of superiority as was the case in the year 1879, but in 1889, not even the total administration of ether alone, and gas and ether combined, reach by a long way the number of administrations of chloroform. It is just possible that in part this change of opinion may be due to the results published by the Hyderabad Commission, of which a member of the staff of the hospital was the shining light. But investigation shows that ether has been declining in favor for some years at St. Bartholomew's. In 1888 it was

administered 1,003 times out of 3,788; while, during the same year, gas and ether combined was only given 349 times. What a contrast this with eleven years ago, as the records above quoted demonstrate! As we see now, chloroform takes the lead, then a long way behind comes ether alone, while gas and ether combined make a shocking bad third.—*Medical Press.*

Clinical Observations on Some New Pharmaceutical Preparations.

In a paper read before the Thirty-fourth Quarterly Meeting of the North Central Ohio Medical Society, held at Mansfield, Ohio, September 26, 1890, Dr. R. Harvey Reed, Mansfield, made the following statement as to his experience with pancrobilin:

We have another "new remedy" which has gradually engrafted itself in my good graces, which is becoming more and more permanent the longer I use it. This is what is known as "pancrobilin," and it is a combination of pancreatin and bile, and placed upon the market in form of a liquid and a pill—the latter I consider the most preferable.

In cases where there is a diminished quantity, or even an absence, of these natural products, especially the bile, resulting in the distressing complication of intestinal or duodenal indigestion, I have found this preparation of decided value by assisting the intestinal digestion until the normal functions of the liver and pancreas, but especially the former, could be established.

In constipation attended with flatulence, the result of an inactive liver, I have found this remedy of great value, promptly relieving the flatulence, and producing natural colored stools of a normal consistency, in place of the pale ash-colored feces, or the dry, hard scybala, of the chronic dyspeptic.

After a careful trial of some three years in a variety of cases affected with constipation resulting from congestion of the liver, and in cases in which there is an atonic condition of the coats of the bowels resulting in intestinal indigestion, I am frank to say that I know of no two remedies that will give as prompt relief to these conditions as the ones under consideration.

In the one class of cases the pancrobilin supplies the intestine with an artificial supply of bile and pancreatin, which digests the food that otherwise would not be digested, thus giving relief until the real difficulty with

the liver can be overcome. In the other class of cases the cascara sagrada tones up the intestine, increases the secretions, which in turn facilitate digestion, and relieves the constipation.—*American Lancet*.

Detergent and Antiseptic Wash in Scarlatinal and Diphtheritic Sore Throats.

A favorite prescription of Dr. R. M. King, Professor of Obstetrics and Diseases of Children, Beaumont Hospital Medical College, St. Louis:

R	Acidi boracic	dr. ss.
	Chloral hydrat.	gr. x.
	Glycerini.	dr. ¼.
	Katharmon	oz. ijss. M.

Sig.—Dilute with water and thoroughly cleanse the fauces and ulcerated surfaces every two hours.

Reviews and Book Notices.

Cyclopedia of the Diseases of Children—Medical and Surgical. Edited by John M. Keating, M. D. Volume IV. Philadelphia: J. B. Lippincott & Co. 1890.

In former issues of the JOURNAL it has afforded us great pleasure to speak in the highest terms of the first, second and third volumes of this most excellent work. The fourth and last volume has now made its appearance, and it fully sustains the high character and great merit of the preceding volumes. It is divided into four parts, viz.: Part I, devoted to the Ear; Part II, to the Eye; Part III, to Hygiene; and Part IV, to Diseases of the Nervous System.

Part I, written by Dr. Charles H. Burnett, is illustrated with numerous cuts, and treats exhaustively of the diseases of the external, middle and internal ear.

In Part II, Dr. Geo. E. De Schweinitz writes on Affections of the Eyelids, Lachrymal Apparatus, Conjunctiva and Cornea; Dr. Chas. S. Turnbull, on Diseases of the Eye; and Dr. Chas. A. Oliver, on Ophthalmocopy and Local Diseases and Functional Disorders of the Choroid, Optic Nerve and Retina.

In Part III, Dr. John M. Keating treats of Physical Development; Dr. Wm. A. Edwards contributes an article on Massage, and Dr. J.

Wellington Byers a chapter on Prophylaxis of Disease in Children; School Hygiene, by Dr. D. F. Lincoln; Construction of Children's Hospitals, by Dr. Lindley Johnson; Juvenile Crime and Public Methods of Prevention and Reclamation, by Dr. J. Percy Keating; and Medico-Legal Testimony, Dr. Jerome Walker, complete this part of the work.

In Part IV, nearly six hundred pages—twenty-eight chapters—are devoted to Diseases of the Nervous System. The general introduction to the Diagnosis of Diseases of the Nervous System, by Allan McLane Hamilton, is one of the most valuable chapters in this part of the book. The chapters on Headache, by E. C. Seguin; Chorea, by B. Sachs; Convulsions in Infancy and Childhood, by Morris J. Lewis; and Epilepsy, by Landon Carter Gray, are also highly interesting and instructive. In fact every chapter in the book is written by a master in his department. The work should have a prominent place in every physician's library.

Principles of Surgery. By N. Senn, M. D., Ph. D. Illustrated with one hundred and nine wood engravings. Philadelphia and London: F. A. Davis.

"A modern work on the principles of surgery in the English language," says the author, "has become a general and well-recognized necessity. The recent great discoveries relating to the etiology and pathology of surgical diseases have made the text-books of only a few years ago old and almost worthless. The many treatises on surgery, by American and English authors, which have made their appearance in rapid succession during the last ten years or more, are replete with valuable practical information, but most of them are defective in those points relating to the matter treating of the fundamental principles of the art and science of surgery. It has been my aim to write a book for the student and general practitioner which should, at least in part, fill this gap in surgical literature, and which should serve the purpose of a systematic treatise on the causation, pathology, di-

agnosis, prognosis and treatment of the injuries and affections which the surgeon is most frequently called upon to treat. The successful branches of the healing art require a thorough knowledge of the principles upon which it is based. The student who has mastered the principles of surgery will have no difficulty in applying his knowledge in practice, while the one who has burdened his memory with numerous details to meet special indications is always at a loss in making prompt and judicious use of his therapeutic resources when confronted by rare lesions or unexpected emergencies."

The name of Dr. Senn is familiar to every physician in the civilized world. His splendid achievements in abdominal surgery, especially the surgery of the intestines; his demonstration of the practicability of using hydrogen gas as a diagnostic test of the penetration of the intestines in wounds of the abdomen; his ingenious use of decalcified bone-plates in enterostomy and gastroenterostomy and resection of the intestine, mark him as one of the world's greatest surgeons. We predict for Dr. Senn's book an immense sale and a speedy second edition.

Wood's Medical and Surgical Monographs. Vol. IX, No. 2. February, 1891. William Wood & Co., 56 and 58 Lafayette Place, New York. Monthly, \$10.00 a year; single copies, \$1.00.

The February number of this excellent series of monographs contains a chapter on the Clinical Use of Prisms and the Decentering of Lenses, by Ernest E. Maddox, M. B.; Electricity in the Treatment of Uterine Tumors, by Thomas Keith, M. D., LL. D., and Skene Keith, F. R. C. S.; and Ether-Drinking—Its Prevalence and Results, by Ernest Hart.

The March number contains the Modern Diagnosis of Diseases of the Stomach, by Dr. J. M. Purser, Dublin; Unsoundness of Mind, in its Legal and Medical Considerations, by J. W. Hume Williams, London; Baldness and Grayness—their Etiology, Pathology, Treatment, by Tom Robinson, M. D., London.

This number is up to the usual high standard of William Wood & Co., in mechanical execution, and the subjects are well treated.

Essentials of Surgery—With full Description of the Handkerchief and Roller Bandage. Arranged in the form of Questions and Answers. By Edward Martin, A. M., M. D. Being No. 2 of Saunders' Question Compends. Philadelphia: W. B. Saunders. 1891. Price, \$1.00.

Another excellent number of this series of Question Compends—arranged in the form of question and answer especially for students, but may serve as a handy reference-book for the busy practitioner. The defect in all of these books is the necessarily unsatisfactory direction for treatment in many sections. Thus the treatment of talipes varus is given as "division of all resisting tissues." Such an answer would hardly pass in an examination in surgery.

Diabetes—Its Causes, Symptoms and Treatment. By Chas. N. Purdy, M. D., Honorary Fellow of the Royal College of Physicians and Surgeons, Kingston, etc. Cloth, 12mo., 184 pages. Philadelphia and London: F. A. Davis.

This is a valuable little monograph. One hundred and thirteen pages are devoted to Historical, Geographical and Climatological Considerations; Physiological and Pathological Considerations; Etiology, Morbid Anatomy, Symptomatology and Treatment. The remainder of the work is devoted to Clinical Illustrations of Diabetes Mellitus, Diabetes, Insipidus. We are especially pleased with that part of the chapter on Treatment which discusses matters of diet, which to our mind is the chief factor in treatment.

Modern Treatment of Headaches. The Physician's Leisure Library, No. 6. By Allan McLane Hamilton, M. D. 12mo., paper, 122 pages; price, 25 cents. Detroit: George S. Davis.

The eminence of the author and the importance of his subject will insure for this little work a wide circulation.

Handbook of Local Therapeutics.

P. Blakiston, Son & Co., the medical publishers of Philadelphia, announce for early publication, a Handbook of Local Therapeutics, being a practical description of all those agents used in the local treatment of disease, such as ointments, plasters, powders, lotions, inhalations, suppositories, bougies, tampons, etc., and the proper methods of preparing and applying them. The diseases which chiefly require local treatment are those of the respiratory passages, ear, eye, skin, together with certain general surgical affections, including the diseases of women. In order, therefore, that the various uses of each remedy may be thoroughly set forth the following gentlemen have assumed the authorship:—Harrison Allen, M. D., Laryngologist to the Rush Hospital for Consumption; Geo. C. Harlan, M. D., Surgeon to the Wills Eye Hospital, and Eye and Ear Department of Pennsylvania Hospital; Chas. B. Penrose, M. D., Surgeon to the German Hospital; and Arthur Van Harlingen, M. D., Professor of Diseases of the Skin in the Philadelphia Polyclinic and College for Graduates in Medicine.

The authors believe that the information contained in this work will not be found elsewhere. The activity in the various lines of special medicine is one of the most striking phases of the times, and has very materially changed many of the older methods of treating disease by local means. The greater part of the literature which has appeared is not accessible to most physicians. The Handbook, it is believed, will be of value to general practitioners as well as to those who, like themselves, are especially interested in subdivisions of the clinical field.

A Compend of Diseases of Children. Especially adapted for the use of Medical Students. By Marcus P. Hatfield, A. M., M. D., Professor of Diseases of Children, Chicago Medical College, etc. Cloth, 12mo., \$1.00. Philadelphia: P. Blakiston, Son & Co.

This is a very good little work of its class. One feature we like very much is the Aphorisms.

Special Notices.

The Indiana Medical Journal for 1891.

JOURNAL, one year, \$1.00; JOURNAL and an excellent Clinical Thermometer, \$2.00.

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19 West Ohio Street, Indianapolis.

The Home-Maker and Indiana Medical Journal, One Year, for Two Dollars.

The Home-Maker, published at 22 East Fourteenth street, New York, is an illustrated monthly household magazine, conducted by "Jennie June" (Mrs. J. C. Croly), and a distinguished and able corps of collaborateurs. The journal of all the women's clubs in America. Contains choicest fiction, latest fashion, household work, how to do it; social usages, in the kitchen, poetry, correspondence, cooking receipts, home work for homemakers, art instruction, photography, women's clubs, club gossip, and record of their proceedings.

The subscription price of the Home-Maker is two dollars a year, but by special arrangement with the publishers we are enabled to offer it and the JOURNAL one year for two dollars. Now is the time to secure one of the best family magazines published for only the small sum of one dollar. The Home-Maker contains 64 double-column pages of choice reading matter. It is one of the best ladies' and family illustrated periodicals published. Send two dollars, and receive this superb magazine and the INDIANA MEDICAL JOURNAL one year.

The Cincinnati, Hamilton & Dayton R. R. on March 1st put on a Parlor Car on train leaving Indianapolis at 10:45 A. M., reaching Cincinnati at 2:55 P. M. This makes four trains carrying Parlor Cars from Indianapolis.

lis to Cincinnati via this popular route. The heavy travel on the C. H. & D. goes to show that the public appreciate a first class road-bed, smooth track and the finest of trains. This line also sells a 1000 mile book, good over fifteen different roads, at rate of \$20 each. City ticket office, corner of Illinois street and Kentucky avenue.

SANDER & SONS' Eucalypti Extract—
(EUCALYPTOL).—Whenever mention is made of "Oil of Eucalyptus," we beg you to bear in mind that such reference applies to our preparation, styled for distinction "Eucalypti Extract (Eucalyptol)," there being manufactured besides our preparation, the wholesale price of which is eight dollars per dozen ounce bottles, no oil exclusively produced from the leaves. Other oils of Eucalyptus found in the market—worth about ten cents an ounce—are common terebinthinous products of no medicinal value. A test will at once convince; the difference is too striking, and allows of no mistake. To avoid disappointment we would suggest to specify when prescribing our manufacture. Samples *gratis* through Dr. Sander, Dillon, Iowa. Meyer Bros. Drug Co., St. Louis, Mo., Sole Agents.

Medical Convention at Washington, D. C., and how to get there.

The annual convention of the American Medical Association will be held at Washington, D. C., May 5th to 8th inclusive. The B. & O. S. W. and B. & O. R. R. offers special inducements to delegates. The B. & O. R. R. runs two solid vestibuled trains. Its appointments are first class in every particular, and no additional charge is made for the extra comforts and fast time. The picturesque B. & O. is noted for its beautiful scenery—the road for almost the entire distance passing over historic ground. Delegates to the Medical Convention would do well to consult the B. & O. time table before choosing their route.

Full information in regard to reduced rates for this Convention, time of trains, sleeping car service, and other details of the trip, can be procured by application at any ticket office of the B. & O. R. R. or connecting lines, or by addressing O. P. McCarty, General Passenger Agent, Cincinnati, Ohio.

The usefulness of good hypophosphites in pulmonary and strumous affections is generally agreed upon by the profession. We commend to the notice of our readers the advertisement of Robinson-Pettet Co. Robinson's Hypophosphites is an elegant and uniformly active preparation; the presence in it of quinine, strychnine, iron, etc., adding highly to its tonic value.

Campho-Phenique.

As day by day this valuable preparation grows in the knowledge of physicians and surgeons, so does it grow in their esteem. It has now testimonials of the highest character from those who have tried it, and is unquestionably one of the best surgical dressings ever offered to the profession. Dr. M. D. Hoge, of Richmond, Va., says that it effectually dissolves and checks the extension of the diphtheritic membrane, and is easily applied without dilution.—*Toledo M. and S. Rep.*

Pinus Canadensis.

The Rio Chemical Company, of St. Louis, if it had never done more than present to the profession its valuable Extract of Pinus Canadensis, would have placed the profession under a lasting obligation to it. There is no more healthful, stimulating and generally beneficial application that can be made to a disease mucous membrane than this.

If you are contemplating a trip to the mountains, lakes or seaside, ask for tickets via the Big Four Route (C. C. C. & St. L. Ry), the great tourist line to all Eastern and Atlantic Coast resorts. The "Southwestern Limited," the finest train in America, runs daily to New York and Boston, equipped with through Wagner palace sleeping cars and an elegant dining car service. The entire train runs solid into the heart of New York City, avoiding all ferries and transfers. Absolutely no change of cars to Boston.

It was in 1844 that the now well known Aperient called "Tarrant's Seltzer" was prepared for the use of the coterie of physicians which composed the staff of the New York Hospital, and from that time to the present it has been a favorite saline with physicians of all schools. It is not only a most palatable and safe aperient, but is now extensively used as an antacid in gouty or rheumatic diathesis and as a vehicle to administer the salicylates, lithia salts and tincture of iron.

Dr. J. W. Hicks, Orlando, Fla., writes:—I have used Antikamnia, and am perfectly delighted with the results. I have given it in la grippe, intermittent neuralgia, and other neuralgic affections, with the happiest results. I have requested my druggist to order a sup-

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Original Communications.

FRACTURE OF THE PATELLA—A CLINICAL LECTURE.

BY J. A. COMINGOR, M. D., INDIANAPOLIS.

Professor of Orthopedic and Clinical Surgery, Central College of Physicians and Surgeons.

I avail myself of the opportunity to day of presenting a case illustrative of fracture of the patella. This injury is not of common occurrence, as it represents only about one and one-half per cent. of all fractures. The accident occurred a fortnight ago. I regret that I could not have shown you the case at that time; but you are aware that these are cases of emergency, and must be cared for at once to get the best possible results, and at the same time to protect yourselves from the unjust clutches of the courts. In every court center there are unmitigated curb-stone, irresponsible lawyers shadowing the physician, that they may find a pretext for bringing him into court to answer to a suit for malpractice. Fractures and dislocations are the common ground for suits of this character. The slightest seeming neglect or defect in the final result, is sufficient on which to found cause of action. You may even treat the case in the most acceptable manner, and in the most improved modern and authoritative way; yet, if it should so happen that there remains slight deformity or a little shortening, even if unavoidable, you will for such defects be held responsible. Now, this state of things is getting to be a serious and embarrassing situation to the practitioner of surgery. Physicians throughout the country—many of them—refuse to take the responsibility; they refuse to attend such cases. At this time this seems to be the

only way to escape dishonor and financial ruin. The courts will not protect you. The sympathy of juries is invariably against you, and with the plaintiff. Your competitor may have given impetus to the suit. This is a most dishonorable act; whether to friend or enemy, you can not afford to be guilty of such an act. Remember that if, by word or act, you give encouragement to a suit against your neighbor, sooner or later it will come home to you. Stand by your professional brother, provided he is worthy of your defense. This is the only bar at the present time against the successful prosecution of malpractice suits. The time may come when the people themselves will place an embargo on such litigation; not, however, until they fail to procure the services of the surgeon in this class of cases.

This I regard a justifiable digression, and will now return to the consideration of the case before us. This man is fifty-eight years of age. It is quite evident that his bones are becoming a little fragile, this being the second break he has had in the past two years. The first occurred in 1889—fracture of the femur in the upper third.

I shall not be able to manipulate this case as I would have done on the first day of the accident. It would be cruel to my patient and dangerous to union to attempt it. The accident occurred in this wise: The patient was employed in the kitchen of a restaurant. The floor being slick he slipped, and in falling snapped the patella. There are two ways in producing fractures of this bone, viz., by a direct blow and by indirect muscular action. The latter is the usual cause of fractures of the patella. This doubtless caused this fracture. Great muscular effort was brought to bear to avoid falling and to recover the upright position. The entire force of the quadriceps extensor was used for these

purposes, and the result was a fracture. The line of fracture is transverse in this case, and this is the rule where indirect violence is the agent. The separation of the fragments measured about one inch when first observed, with large and well defined swelling in front of joint. Early swelling is usually caused by effusion or extravasation of blood and joint fluid, though the latter is not a common factor in the early history of the case. It comes later on, usually preceding and accompanying inflammation of the joint. It is thought by some that the effused blood in the joint and between the fragments, will both injure joint and be in the way of good union. I do not take this unfavorable view of the subject. Blood that escapes in this manner, and remains unexposed to atmospheric influence, and chemically and vitally unchanged, will not prevent union or prove a source of inflammation. On the contrary, I think it favors union, and any part of it unnecessary for this purpose soon mixes with the fluid and rapidly disappears by absorption.

The treatment consists in position—in bringing the fragments in close contact, and their maintainance. Another rule of treatment at one time was added, that of controlling inflammation. Inflammation no longer alarms us, and seldom gets in the way. The leg should be put in the straight position and somewhat elevated, so as to place the extensors off guard. The fragments are then brought together by one hand steadying the lower one, and with the other bringing the upper one down to meet it, to secure this contact. I desire you to keep your eyes on the case as I remove the dressing. First is the plaster cast. You see it has been divided; that it extends far up the thigh and as low as the lower third of leg. I wrapped the bandage unusually tight, much tighter than is justifiable in fractures of long bones. I did this to close in on the muscles, and thereby prevent their action, and to procure a complete mold. I knew the bandage would become uncomfortably tight within twenty-four or thirty-six hours. At the same time I was sure I could give relief by dividing it, and yet maintain a complete mold with sufficient circular pressure. On removal of cast you will observe how I proceeded with the provisional dressing. This consists of compresses, one above and one below, and adhesive strips an inch and a half wide, and long enough to completely bridle the fragments

above and below firmly and coming underneath thigh and leg. The discomfort which followed and made division a necessity, was largely due to the straps.

Furthermore, you will notice that I divided the entire dressing along the outside of the leg. In this line of division I lost none of the advantages of the splint. In adjusting the fracture the effused blood was found in front of the patella, forming a well defined tumor. This, I think, proved to be advantageous; it prevented the dressing from slipping, and the fragments from separating.

At this stage of the case—two weeks—a more desirable condition of things could not be reasonably expected. The swelling is gone, no inflammation ensued, the fractured surfaces are in almost perfect contact, joint action is maintained, and, provided we meet no mishap hereafter, I predict a most excellent result. I will use this splint, or a substitute, for at least three weeks longer. In the meantime I will, at different times, remove all dressing, have the leg carefully bathed and rubbed, and the support reapplied. On final removal of all support, I will see that the patient desists from great muscular exertion for some time afterward. The danger to free and unguarded use of the knee is the severing of union. I have told you it was a difficult matter to get bony union in this fracture. This point must not be overlooked or forgotten. To ceaseless vigilance in this direction will be the measure of success.

On this occasion I can not spare time to look into the multiplicity of methods and devices commended in the treatment of this fracture. They are legion, and form a large share of the literature of this subject. Treat each case strictly on its merits, and each condition in the most simple and reasonable way. Avoid, so far as consistent with duty, all display and the use of complicated apparatus. Gilt-edged machinery will not produce the best results, unless there is brain behind it; and if there is brain behind the machine, the man will manage to dispense with the gilded appliance. Simplicity in design and action is the mother of success.

The wire suture in the treatment of fractures, especially the one we are considering, is gaining some headway; but, in my opinion, it is being pushed far beyond its merits. Simple and uncomplicated fractures do not call for the knife, drill and wire. To cut into the knee, when simpler means will an-

swer every purpose, is an unjustifiable procedure. The use of pins is much safer, and will bring as perfect results as the suture. In their insertion you do not probe the joint. They are inserted through the ligaments transversely—one above, the other below. A tape of some sort is passed from one to the other and fastened. This will keep the fragments in close contact until union is accomplished.

After two months' absence our patient returns for inspection. Union is complete, and I believe osseous. You can barely outline the line of fracture. No method can furnish a better result.

Hematemesis in Gastric Ulcer.

In a very interesting paper on gastric ulcer—part of which is published in the *Medical Chronicle*, February, 1891—Dr. Dreschfeld, of Manchester, England, says hematemesis is one of the cardinal symptoms, and occurs in about one third of all the cases. It may occasionally be one of the first symptoms, and it does not so rarely happen, especially in elderly patients, that hematemesis comes on apparently in good health. He has seen three such cases within the last eighteen months. In these cases large quantities of blood are vomited, sometimes even clots, and melena soon follows. In cancer of the stomach hematemesis is, he believes, never the first symptom, and if in cases of doubtless cancer, the history shows that hematemesis was one of the first symptoms, we may, he thinks, assume that we have to do with cancer implanted on an ulcer. This was seen in two cases under his care in the Infirmary, and in one case under the care of his colleague, Dr. Leech, as revealed by the post-mortem in these cases. In cirrhosis of the liver, and other diseases causing obstruction to the portal circulation, hematemesis may be the first or a very early symptom of the disease; but the history of the case, the presence of symptoms pointing to alcoholism, and the appearance of the blood, which is quite liquid and dark-colored, help one in the diagnosis. Moreover, as the blood in these cases is venous, the hematemesis is rarely followed by intense anemia, and symptoms of depression. The hematemesis in these cases acts more like a venesection, and the patient after the attack often feels easier than before. The hematemesis in hysteria occurs chiefly in the morning; is, as a rule, small in quantity;

and is, as we know, often due to various artifices which the patient has recourse to. This is, however, not as often the case as is generally supposed; and as spontaneous hemorrhages do occur in hysteria, there can be no doubt that in some cases the blood is really derived from the stomach. The presence of other symptoms of hysteria, such as hemianesthesia, globus hystericus, hysterogenic zones, contraction of the field of vision, and so on, are important aids in the differential diagnosis. Such rare cases of hematemesis as those due to the bursting of an aneurism into the esophagus (the bursting of an aneurism into the stomach is extremely rare) are quickly fatal, whilst hematemesis from an ulcer is after all rarely followed by death.

When hematemesis is not the first symptom, but occurs, as it often does, only during the course of the disease, then the other symptoms of ulcer, such as localized pain and vomiting, precede it, and the diagnosis is not difficult.

The vomited matter in hematemesis from gastric ulcer has occasionally the character of "coffee-ground vomit," which is generally looked upon as characteristic of cancer of the stomach. This occurs at a late period of the disease, and is due to a slow and gradual extension of the ulcer, whereby only minute blood vessels become eroded, and the small amount of blood altered by the gastric juice assumes this peculiar appearance. The vomit is by itself not to be distinguished from that of cancer, but the other symptoms present help to distinguish the one disease from the other.

Profuse hematemesis in gastric ulcer occurs more especially when the ulcer is situated at the pyloric end of the stomach, and more on the posterior than the anterior surface; this is due to the arrangement of the blood-vessels. From this follows two important considerations: First, when in gastric ulcer we get profuse hematemesis, we have, after a time, from the cicatrization of the ulcer, contraction of the pylorus, giving rise to symptoms of dilatation of the stomach. Second, the ulcer gradually extending in depth causes, from its position on the posterior wall, adhesion between the stomach and pancreas, and perforation of the ulcer in these cases is not likely to happen. It is different when the ulcer is situated on the anterior wall, the extension of the tumor in depth is not likely to lead to any adhesions, for the constant movement of the abdominal walls would hin-

der any such adhesions to form, and hence the frequent perforation of such ulcers; the same holds good if the ulcer extends towards the lower curvature. We can thus understand that perforation is more apt to occur in those cases where there is no hematemesis, or only slight hematemesis, and where symptoms of pyloric constriction are absent.—*Med. and Surg. Reporter.*

Iodoform-Ether-Glycerin Injections in Septic Cavities.

Dr. J. R. Haynes discusses, in the *South-ern California Practitioner*, the use of iodoform dissolved in ether and glycerin as an antiseptic in gynecological and surgical practice. There is, of course, nothing new in this application of iodoform, but Dr. Haynes cites cases illustrating a valuable method of treatment. The following was the formula used:

R Iodoform.....oz. ss.
Ether.....f oz. i.
Glycerin.....f oz. iii.

A woman was allowed to retain the decidua of a two months' miscarriage for ten days, notwithstanding septic symptoms had developed. On the tenth day Dr. Francis Haynes saw the case in consultation. The uterus was held fast by a swollen adherent tube, rendering the subsequent process somewhat difficult. Under chloroform it was dilated with Goodell's dilator, and a large quantity of decidua removed by the curette. Copious irrigation. The temperature fell from 104° to normal, but in two days rose again to 102.6°. After copious irrigation, a portion of iodoform mixture was injected.

The method of cleaning and disinfecting the uterus was as follows: The patient was brought to the edge of the bed, the legs wrapped in blankets, the bed protected by oil-cloth, forming a water shed into a tub. The vulvar hair was clipped, and the vulva was carefully cleaned. The vagina was irrigated with half a gallon of hot water, then with a quart of 1:2000 sublimate solution, then with hot water. A double tube, which had just been boiled, was attached to a fountain-syringe and introduced into the uterus under guidance of the finger, taking care not to introduce air. Two quarts of hot water were used; then a pint of 1:5000 sublimate solution, then a quart of hot water. The fountain syringe was now detached and a short piece of rubber tubing attached to the end of the double tube, through which, by

means of a large glass syringe, an ounce of solution of peroxide of hydrogen was very slowly injected. Next one ounce of the iodoform mixture was very slowly injected. Of course most of it ran out through the double tube, which was now removed. A pad of thick sublimate gauze was now adjusted to the vulva. Recovery was rapid.

A man had an abscess near the right lobe of the prostate. It was feared that it would break into the bladder or rectum, or both. With a long narrow bistoury, the abscess was reached from the perineum. A drainage tube was inserted, passing up four and one-half inches, and essentially the same process as that just described was gone through. This was repeated morning and night for three days, when the drainage-tube was removed. Very slight discharge followed, and the man made a rapid recovery.

A woman had peritoneal abscess reaching from the left iliac fossa to within two finger breadths of the left costal margin, nearly to the lumbar region on the left side, and to beyond the linea semi-lunaris on the right side. It was opened by an incision admitting two fingers; the peritoneum was sewed to the skin, irrigated and drained. Next day the process described was repeated. The temperature, which had ranged from 100° to 104°, went to 99°. On the third day it rose to 99½°, and the treatment was repeated. The treatment in the interval consisted merely in renewing the sublimate gauze, dressing occasionally when it became stained by a thin, yellowish discharge. The patient was kept in bed a month, and at the end of two months she was perfectly well, except that a slight thin discharge continued from the seat of the discharge.

The aim was to repeat the process only when a rise of temperature or the presence of pain indicated that pus was accumulating in the cavity. During the entire treatment the process was repeated three times.—*Ibid.*

The Cure of Hydrocele.

Prof. John A. Wyeth always treats hydrocele by injections of pure carbolic acid. All the liquid must first be drawn off with an aspirator. About thirty minims of carbolic acid is a sufficient quantity to sear the sac. This is not as painful as might be supposed. The first effect is to cause swelling, which soon subsides. In fifty operations two cases only have failed to be cured by the first injection.—*Lancet-Clinic.*

The Indiana Medical Journal

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All letters and communications should be addressed to and all checks, drafts and Money Orders made payable to DR. FRANK C. FERGUSON, 19 West Ohio Street, Indianapolis.

The members of the Profession of this State, whether subscribers or not, are especially invited to send their contributions to this journal.

To insure prompt publication contributions must be mailed by the 15th of each month, and should not exceed 1,500 words.

Short practical articles, reports of Society meetings, and medical news solicited.

The Editors are not responsible for the opinions of contributors.

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SCHISMS IN MEDICINE.

We note in an exchange this language from the pen of one who is said to occupy a front rank in the profession as a teacher, writer and practitioner:—"I will gladly give up the distinctive name 'homœopathy' or 'homœopathic,' but until the Old School ceases its attacks and its attempts to crush us, and the graduates of our institutions and the believers in our philosophy are admitted to the army and navy on equal terms with them, I must cling to the name."

We hold that the science of medicine can no more tolerate schools or schisms than can mathematics or astronomy. We do not mean to intimate that medicine is at present an exact science, or that the time will ever come when diseases may be treated by set formulæ. The greatest possible latitude must of necessity be given to the practitioner in the selection of therapeutic agents, in dosage, etc. That latitude is given in regular medicine. The physician's judgment is his only criterion in matters of therapeutics and dosage. If he chooses to administer infinitesimal quantities of drugs, no man can authoritatively say him nay, though many of his fel-

lows may doubt the acuteness of his judgment. The means to the desired end, namely, the recovery of the sick, is left wholly to the physician. Writers of eminent skill describe diseases and point out the lines of procedure which seem best adapted to the treatment of such diseases; but a thorough knowledge of therapeutics, a familiarity with the action of medicines, forms the fund upon which the physician must draw in his individual bouts with diseased conditions.

The sects in medicine have always been compelled to come to the store-house of regular medicine for their scientific knowledge—the fundamental principles of medicine. Only pet theories, dogmatic syllogisms, so-called systems of philosophy, and exclusive therapy, are taught in the literature of schismatic medicine. We have before us the annual announcement of one of the most exclusive so-called schools of medicine. The text-books recommended by this school, which wears itself out in wild declamation against the austerity, the dogmatism, the foggy notions of the Old School of medicine, are, with two exceptions, the works of reputable regular physicians. The schisms have no Grays, Wilsons, Flints, Carpenters, Woods, Atfields, Playfairs, Gross', Hamiltons, Skenes, Stellwags, Thomas', Emmets, etc. When students are hungry for scientific knowledge they must come to the store-house in which the thought of the most erudite medical men of the ages, past and present, is garnered.

We commend the following extract from an editorial in the *New York Medical Times* (formerly *Homœopathic*, now *liberal*), in reply to the paragraph quoted at the head of this article, as sensible and worthy of consideration by schismatics of every order:

Is our friend quite sure that the opposition of the Old School is not due more to our exclusiveness—more, when in the progress of events we have so much in common, to our forever ringing the changes upon the word homœopathy, which certainly does not represent our practice, than to any of the factors of our therapeutics or our philosophy?

It is because we love those principles which

have formed a part of our professional life for forty years, and have seen them influencing and molding the medical world, bringing it more and more in harmony with nature, that we cling to the institutions which have grown up under their fostering care, but we would so shape them as to place them and ourselves right before the world, in a position where we are not all the time compelled to explain ourselves and to stand on the defensive, but doing away with the objectionable feature—the name—accomplish by tact, by diplomacy, by good practical work, results we can never reach by everlastingly waving the red flag and stultifying our assertions every day in our practice.

We have talked with members of Congress, admirals and generals—Generals Hancock and Grant and Sherman among the rest, all of them looking at the matter from a statesman's standpoint, and they have all said it would be impolitic and lead to endless confusion if schools of practice were recognized in the army and navy. General Hancock, in discussing this subject, said:—"Drop your distinctive designation as homœopathic physician or surgeon, and the army and navy are freely open to you and you can practice as you please."

The question with the *Times* is not one of affiliation with any school any further than they maintain the principles of medical liberty, of scientific progress and of equal justice to all. The *Times* has nothing to conceal; it believes in the unity of the profession, but only upon the ground of that mutual toleration and respect, the outgrowth of earnest work in a profession, which no one dogmatically represents. No one has fought more earnestly for medical liberty and medical progress than the *Times*, and while it would gladly see all ranks of the profession more closely united and working more in harmony, it holds with a grasp of steel to essentials, to principles and work which have stood the test of time and the scrutiny of experience and scientific investigation, but is always willing to discard non-essentials if they stand as a stumbling-block in the way of progress.

The Illinois State Board of Health will hereafter recognize no foreign diploma that does not confer upon its holder the right to practice medicine in the country where it was granted.

Where Shall the Association Journal be Published?

The JOURNAL up to this time has said nothing regarding the proposed removal of the *Association Journal* from Chicago to Washington. It has thought, and still thinks, that this question should be decided by the Trustees. That is what they are for; and if every important question regarding the management of the *Journal* is to be referred to the Association, the Board of Trustees should be abolished as a useless appendage. At the recent meeting of the Trustees at Washington, it was decided to remove the *Journal* to that city; but in an evil hour the matter was reconsidered and referred to the Association. As the result of this unwise decision there will be, at the coming meeting at Washington, a host of partisan delegates whose prejudices have been aroused respectively against the East and the West, and in the heat of partisanship the merits of the question will be lost. The matter will be resolved into a fight for supremacy between the East and the West, and no matter how the question shall be decided, heart burnings, jealousies and prejudices will be aroused that will not be healed for a generation. It were better that the *Journal* should be totally suspended and the Association go back to the old method of publishing its transactions, than that it should become the football of medical politicians, as now seems likely.

We do not know that the removal of the *Journal* to Washington would result in its improvement. We are inclined to think that its location in this, that or the other city, is a matter of minor importance. We do know, however, that it is not what it should be, nor what it would be, were it properly managed. With the vast sum of money expended on it each year, it is printed on poor paper, its proof-reading is execrable, and its editorial department is not up to the high standard demanded from a journal purporting to represent the profession of this country.

We have nothing to say against Chicago as a proper place for the publication of the

Journal, nor have we any annathemas to pronounce against those who favor its removal to Washington. With proper business management, we believe that either of the above cities possesses the facilities for the publication of a *Journal* as good in all respects as the great medical journals of the world, such as the *Medical Record* and the *New York Medical Journal* of our own country, and the *British Medical Journal* and *Lancet* of England. We think the Association, at its coming meeting, would do well to refer the whole matter back to the Trustees.

Commencement Exercises of the Medical College of Indiana.

On the evening of Thursday, March 31st, the twenty first annual commencement exercises of the Medical College of Indiana were held in Dickson's Grand Opera House. A brilliant audience filled the theatre, and the occasion was very enjoyable indeed. Music was furnished by Miller's orchestra, Mrs. Seguin Wallace, Miss Mamie Leathers and Mrs. William E. Sharp.

The address of the evening was given by Prof. John Clark Kidpath on "The Lights and Shadows of Medicine." Hon. Byron K. Elliott made the address on behalf of the Faculty, conferring the Degree of Doctor in Medicine upon the following persons:

Charles H. Alford, James R. Ball, Jacob Buehler, John W. Bilbo, Preston O. Carrico, Mathew D. Coek, Marion A. Duncan, Marion A. Emshwiller, William C. Furney, Edgar P. Farris, Wm. I. Fugate, John F. Geis, Thomas F. Glass, Robert Hessler, Francis W. Horton, Walter M. Hunter, John N. Hurty, Phar. D., Marshall P. Hollingsworth, Rhoda B. Johnson, Charles B. Knerr, Elmer E. Kelso, James E. Keeling, Jos. W. Kemp, Samuel Kennedy, Geo. F. Mitchell, Arthur N. Mackey, Harry Miller, Frederick Noel, John Nichols, Henry A. Nichols, Calvin L. Null, John E. Potter, Ora L. Stephenson, Alva L. Spinning, Frank Songer, Oliver H. Sullivan, M. D., Lewis A. E. Storch, Patrick H. Veach, Michael A. Young.

The Mears Gold Medal Prize was awarded to John F. Geis, the Elder prize to Mrs. R. B. Johnson, the Taylor prize to James R. Ball, the Oliver prizes to Lewis A. E. Storch and Frank T. Rudy.

Spinal Sprains.

In the course of an excellent paper by Dr. E. L. McCurdy, in the *Co'umbus Med. Jour.*, we note the following sound doctrine relative to spinal sprains:

These concussions of the spine are nothing more nor less than a sprain of the spinal column, either in the intervertebral articulations or articulations between the lateral processes, or even those between the ribs and vertebrae, with a contusion of the interposed synovial membrane, as is the case in other joints, a rupture of the joint bag or ligaments that enter into the formation of the spinal column, so numerous and complex.

A differential diagnosis between true traumatic neurosis of the cord, so-called "lumbago," synovitis and sprain is generally very easily made. Ten drops of fluid extract of gelsemium every four hours will almost invariably cure lumbago.

After having obtained a history of a blow, wrench, misstep, jump, etc., at which time slight pain or soreness was experienced at some point along the spine, we may next learn what influence shifting or movements of the body have upon the tender point.

The theory that pain in the region of the spine while lying down indicates anemia of the cord, and pain while the body is in perpendicular indicates congestion of the same, may be true, but ordinarily these very conditions are very valuable signs in making out a diagnosis of spinal sprain.

An observed fact, that traction made upon a joint in a state of inflammation relieves the existing pain, is just as true of the spinal articulations as of joints of the extremities.

Another valuable method of determining the nature of the trouble is to ask your patient to walk across an uncarpeted floor on his heels. If a vertebral synovitis exists he will soon tell you that he can not do things that jar the body. Observe how carefully he walks, as the saying goes, "as though he was walking on eggs."

You can almost positively tell what the trouble is in these cases as soon as your patients steps in your office.

Lay the patient on an operating-table, with an assistant to support the feet; grasp the head of the patient and make sufficient traction to overcome the rigidity of the spinal muscles. The patient here, as in any form of interarticular congestion, will experience relief, while traction is made. The latter procedure can be practiced as successfully by standing behind the patient in the erect posture and putting your hands in the armpits, lifting the trunk's weight from the pelvis, and again the patient will experience relief.

Next tap firmly upon the top of the head and shoulders, and if the trouble under consideration be present, the jarring will perceptibly increase the local distress.

Not infrequently have I observed the trouble apparently localized in a lateral articulation. This can be determined by swaying the body from side to side. The body bent toward the trouble will increase it, and from it will relieve the pain or distress.

The treatment for railway spine (produced, as Erichsen says, by sudden twists or jerks, as would be the case in railway collisions) is the early application of a plaster-of-paris or leather support.

Death of Dr. George W. New.

Dr. Geo. W. New, of Indianapolis, died on April 11, 1891. At the regular weekly meeting of the Marion County Medical Society, held Tuesday evening, April 14, the following resolutions were unanimously adopted:

WHEREAS, one of our members, Dr. George W. New, has been taken from us by death; be it

Resolved, That by the death of Dr. New the Marion County Medical Society and the medical profession at large, has lost one of their most active and honorable members; and the community one who for fifty years has been active and skillful in relieving sickness and suffering, alike in peace and war, and the nation one who has served her as citizen, soldier and surgeon.

Resolved, That to his bereaved family and friends we tender our most sincere sympathy.

Resolved, That the Secretary of this Society furnish a copy of these resolutions to the family of the deceased and to the medical and daily journals of this city.

The meetings of the Congress of American Physicians and Surgeons will be held in Washington, D. C., from 3 to 6 P. M., September 22, 23, 24 and 25, 1891. Dr. Wm. Pepper is chairman of the executive committee.

NOTES AND COMMENTS.

Dr. Sarah Stockton, of Indianapolis, has been elected physician to the Female Reformatory.

We regret to learn of the death of Dr. F. D. Beard, of Vincennes. Dr. Beard was a surgeon of wide reputation.

Dr. Mary Smith, of Indianapolis, has been elected physician to the female department of the Central Hospital for the Insane.

Cards are out announcing the engagement of Dr. Hugh O. Pantzer and Miss Emmy Schmidt. The JOURNAL extends congratulations.

Dr. Joseph Price, of Philadelphia, has done a series of nine hundred abdominal sections, with a mortality of only three per cent. for the whole series.

It is said that pyoktanin, the new pus-destroyer, is nothing more than pure aniline. Its introduction to the profession is credited to Prof. Stilling, of Germany.

The *Buffalo Medical and Surgical Journal* says that a doctor's wheel club, of twenty members, has been organized in Buffalo. Each member owns a "safety," and they visit their patients with much more rapidity than by the old method.

Bromoform is being used successfully in the treatment of pertussis. It is said to entirely cure some cases in four or five days. The dose for a child one year old is two drops, three or four times a day. It is pleasant to the taste, and unirritating to the mouth and throat.

The *Dixie Doctor* says to administer castor oil pleasantly, thoroughly mix the dose with four times as much hot milk, shaking the two together in a bottle which they do not more than half fill. When taken in this way the activity of the oil seems to be increased, and being rendered very limpid by the hot milk its oily nature is not perceived. It is scarcely to be distinguished from hot milk.

A medical society of free lances, called the Columbus Academy of Medicine, has been organized in Columbus, this State. It admits to membership any physician in reputable practice living in Columbus, irrespective of the school of medicine to which he may belong. No code of ethics is subscribed to.

Methyl-violet is being injected into the tissues around cancerous growths. This staining fluid is supposed to penetrate to the nuclei of pathological cells and destroy their power of multiplication. This method seems promising. The strength of the solution for injection is 1:200 to 1:500.

A certain doctor, says the *Medical Record*, who was noted for a keen eye to business, was driving along the street of a country town, when his horse took fright and ran away. He was thrown out of his trap and rendered senseless. Presently he recovered from his unconsciousness, and noticing the crowd which had gathered about him, asked "What's matter, gentlemen? Anybody hurt? I am Dr. B——, can I be of any service?"

At the Philadelphia Hospital (*New England Medical Monthly*) local anesthesia for minor operations is obtained by combining ten parts of chloroform, fifteen of ether, and one part of menthol, and using the mixture in a hand atomizer. After one minute's application of the spray, such a degree of anesthesia is produced that incisions can be made for the removal of growths, opening a felon or an abscess, without causing pain.

An Association of American Physicians has been formed in Berlin. Its object is to form special private courses, so that any desired instruction may henceforth be obtainable at this University; to give advice to newcomers regarding instruction, lodgings, books, instruments, etc.; to read and discuss papers of general interest, exhibit patients and demonstrate specimens in all lines of work taken up by its members, and to further mutual ends by a more extended acquaintance of the physicians in that city.

Dr. George Baird, of Wheeling, W. Va., one of the most prominent physicians of the city, was shot and almost instantly killed March 7th, by Dr. George I. Garrison.

Prof. Liebreich's new treatment for tuberculosis is cantharidate of potash. His theory is that it produces a transudation of serum in the capillaries of the diseased parts, which transudation, it is claimed, restores illy nourished cells and disinfects the parts. The dose is one deci-milligram, cautiously increased to twice that amount. Prof. Virchow is said to regard the treatment with favor.

Dr. F. A. Burrall (*Medical Record*) gives a collection of ten cases, in which death from chloroform was averted by the administration of nitrite of amyl. He further holds that traction upon the tongue does not raise the epiglottis, but says: "By complete extension of the head and neck the tongue and velum are, as respiratory obstructions, simultaneously with the epiglottis, removed, and without a moment's delay the entire air-way can be straightened, enlarged, and be made free throughout, by the nearest person." Therefore in narcosis the head should be lowered, the neck extended, amyl nitrite administered, and artificial respiration by the Silvester method practiced.

J. B. Lippincott Company will, beginning with April, issue quarterly thereafter a work entitled "International Clinics." This work will comprise the best and most practical clinical lectures on medicine, surgery, gynecology, pediatrics, dermatology, laryngology, ophthalmology and otology, delivered in the leading medical colleges of the United States, Great Britain and Canada. These lectures have been reported by competent medical stenographers and thoroughly revised by the professors and lecturers themselves. The object of the work is to furnish the busy practitioner and medical student with the best and most practical clinical instruction, in concise form. Each volume will consist of over 350 octavo pages, illustrated with photographic reproductions of important cases.

Practical Medicine.

New Treatments of Tuberculosis.

BY THEODORE POTTER, A. M., M. D.

Lecturer and Demonstrator in Bacteriology, Medical College of Indiana.

Partly as a result of the stimulus of the Koch treatment, and partly as a result of the agencies which have been influential in bringing forward that much talked-of method, a number of special plans of treatment have recently been under experiment, and have excited more or less interest. A brief review of some of them may be acceptable.

1. The Liebreich method.

About the beginning of the year, Dr. Liebreich of Germany, whose name is closely associated with the use of chloral, began some experiments with a new remedy, or rather a modification of an old one. The results were to lead him to hope that an agent of value had been found. He placed the drug in the hands of B. Fraenkel and others for trial. Their preliminary report was made at a meeting of the Berlin Medical Society in the latter part of February. These reports indicated that Liebreich's remedy had a striking and perhaps valuable effect, but that much more extensive tests were necessary. The agent used was an alkaline solution of cantharidin, the cantharidate of potassium. It was given by hypodermic injection, in doses of one to four deci-milligrams. Large doses are likely to affect the kidneys unfavorably. The injections were repeated every day to several days.

Liebreich did not claim to have found a specific for tuberculosis, but that the cantharidate of potash brought about certain changes in inflamed tissues, which favored healing. The chief element in this change was a transudation of serum, which it was supposed might have an antiphlogistic and antiseptic effect.

Later tests seem hardly to have been favorable, and there is no present prospect that Liebreich has discovered an agent of any

great curative value in tuberculosis. It has been, so it is said, given up in the hospitals of Bonn University. See *Berlin. Klinische Wochenschrift*, February, 1891.

2. The Shurley-Gibbes method.

For some time Drs. Shurley and Gibbes, of Michigan, whose studies of pulmonary phthisis have attracted notice of late, have been experimenting with hypodermic injections of iodine and of chloride of gold and sodium, together with inhalations of chlorine gas. The iodine is given in doses of one-twentieth of a grain or less, gradually increased; the gold and sodium dosage is about the same. The chlorine gas is given by inhalation, much diluted. The irritating properties have been reduced by adding salt solution to the chlorine water.

The time is too short to tell what value the Shurley-Gibbes method has. Its authors claim that there is evidence of good from it. It is also believed to be of value in pulmonary troubles other than tuberculosis.

See *Weekly Med. Review*, April 4, 1891.

3. The Tyndale method by Vaccination.

Some months ago Dr. Tyndale, New York, announced that he had been for some time experimenting with cow-pox vaccine matter in tuberculosis. The agent is introduced by hypodermic injection, a very fresh lymph being used. Other plans of treatment were continued at the same time, and the results were such as to encourage further trial. Only pronounced cases, with bacilli in the sputum, were treated. See *New York Med. Journal*, November 14, 1890.

4. Dr. White, of New York, has also been using the preparations of gold by hypodermic injection, and has thought the effects were good. His claims and estimates of curative influence are moderate and conservative.

5. The hydrocyanic acid treatment has attracted considerable attention in certain parts of Europe, it having been observed that those who, by reason of their occupation, were exposed to the prussic acid fumes, seemed to enjoy an immunity from tuberculosis. Sys-

tematic trials having been instituted, the conclusion has been reached by one of the leading experimenters that prussic acid is of value chiefly, if not solely, on account of its influence on the cough. In other words, an old use of the drug has been emphasized. See elsewhere in these columns.

6. Of the creosote treatment and the proper method of carrying it out, as given by its chief advocate Sommerbrodt, we have written in the April JOURNAL.

7. Boracic acid has been under trial by several clinicians, almost unheard of doses having been given by the stomach, and, strange to say, without much disturbance. The effect seems to have been to increase the fluidity of the sputum, and make the cough more easy; in some cases also weight has increased. Any really curative influence is, however, hardly apparent.

8. Goat's and Dog's Blood.

Two French observers—Picq and Bertin—having found that the injection of goat's blood seemed to furnish an immunity against tuberculosis in certain animals, have carried the experiment over to man. The blood has been introduced under the skin without any immediate bad effect. The results, as with many other experiments, have been somewhat striking at first, but sufficient time has not been given for a fair test.

A similar trial has been made with dog's blood, on the same ground as that underlying the goat's blood cure, namely, that these animals seem to enjoy a striking immunity from tuberculosis, supposedly due to some peculiar property of the blood.

9. Surgery of Cavities.

The plan of making artificial openings into pulmonary cavities, has been much talked of recently in connection with the Koch treatment. A number of cases have been operated upon in Germany, sufficient experience having been obtained to show that the procedure is a legitimate and not dangerous one. The Koch fluid has been, by this means, applied directly to the cavities, and, what is

perhaps of more benefit, the cavities have been freely washed out. Of course the opening of the chest, and even of the lungs, is no new thing; it is, indeed, a comparatively simple operation. It is not unlikely, however, that in most cases the good can be almost equally well attained by aspiration and wash-out of cavities.

Theories suggest experiments, and the results of experiments give rise to new theories. Most of the theories will prove false and most of the experiments fail, but no scientific work is in vain, and good will come of it all.

A Contribution to the Etiology of Bright's Disease.

Agnes Bluhm (*Deut. Archiv f. klin. Med.*) reviews the etiology of the different cases of nephritis occurring among 8442 patients presenting themselves at the medical clinic at Zurich between January 1, 1884, and July 1, 1889, paying particular attention to the connection between nephritis and the infectious diseases.

Three forms of Bright's disease are recognized by this writer—diffuse acute nephritis, diffuse chronic parenchymatous nephritis, and diffuse interstitial nephritis. Among all classes of diseases occurring in this period of five and a half years, true Bright's disease occurred in 3.18 per cent., simple albuminuria in 5.72 per cent.; of all cases of Bright's disease, acute nephritis occurs in 51.85 per cent. Seventy per cent. of the cases of acute nephritis followed acute infectious diseases; 5.71 per cent. followed chronic infectious diseases; 2.85 per cent. followed exposure to cold; 0.71 per cent. followed skin diseases; 1.41 per cent. resulted from lead and mercury poisoning and catarrhal icterus; .71 per cent. from disease of the intestinal tract; 2.85 per cent. in diseases of the circulatory apparatus; 2.14 per cent. following blood and constitutional disorders; .71 per cent. following pregnancy; 2.85 per cent. from the spread of diseases from the urinary passages, and 6.42 per cent. from causes unknown.

The percentages of the occurrence of nephritis in the infectious diseases show septicemia and pyemia, ulcerative endocarditis, scarlatina, pleuro-pneumonia, and peritonitis as the more commonly associated with the acute form; diffuse chronic parenchymatous nephritis occurs in 0.46 per cent. of all cases

presented at the clinic, forming 14.82 per ct. of the nephritic cases. This etiology is not so clear, the etiological factors being remote and uncertain, so that no tabular form of the causes can be given. A small number of cases are known in which this form of Bright's followed acute infectious diseases; one case is cited by the author, where chronic parenchymatous nephritis followed an attack of epidemic parotitis; chronic suppurative processes, toxic influences, especially alcoholic poisoning, play undoubtedly great roles in the etiology. The change from acute to chronic parenchymatous nephritis is seldom seen according to the opinion of many authors; it happens more commonly in scarlatinous nephritis. The point is brought out as to whether it is not probable that many of these chronic parenchymatous cases in which the origin is shrouded in mystery, or where exposure to cold has been assigned as the cause, do not owe their origin to the acute infectious form of nephritis, in which the primary disease was not observed.

Diffuse interstitial nephritis had occurred among the 8442 patients in 1.06 per cent. of all cases, and among the nephritic cases in 33.3 per cent. The origin of this form of nephritis presents still more difficulty from an etiological standpoint. This obscurity is due to the slow development of the symptoms, the latent course of the disease, and the fact that often, even late in the disease, scarcely any attention is attracted to the kidneys. The author presents the history of a few cases of contracted kidney, seemingly due to acute infectious diseases. Toxic chronic interstitial nephritis forms a part of the etiological picture; again, syphilis is undoubtedly an important factor.

In conclusion, the author decides that in the etiology of acute Bright's, the acute infectious diseases take first place, and that for the most part all of them appear to be able to produce nephritis; secondly, that although the observations hitherto published, concerning chronic nephritis following acute infectious diseases, are very meager, yet this is explained in part by outside circumstances and in part by the very latent course of chronic nephritis; thirdly, the connection between the appearance of a nephritis complicating another disease does not depend on the severity of the primary disease; and fourthly, the course of the primary disease, and the nephritis complicating it, are generally without influence upon each other.—*Univ. Med. Mag.*

Complications in Two Thousand Fatal Cases of Typhoid Fever.

Holscher (*Munchener med. Wochenschrift*, January, 1891), reports 2000 deaths from typhoid fever in which post mortems were held. Twenty-four per cent., or 480 cases, died from the immediate effects of the typhoid poison. Twenty-four cases are reported as sudden deaths, the cause of death in the majority of these being degeneration of the heart muscle. Tracheotomy was performed in fifteen cases, usually for perichondritis of larynx. Pregnancy is considered a serious complication. Out of the 800 women in the series twenty-seven were pregnant. Five cases of "walking" typhoid are reported; two of these died from an error in diet, two of degeneration of the heart, and one of high grade anemia.

Relapse took place in 108 cases. This number—five per cent. of all the cases—is above the average usually given, but the author considers eight per cent. of fatal cases to have suffered relapse.

The proportion of males to females was as three to two; the average age was 27½ years. Of the males, one was over 75 years, and one a nursing infant. Of the females, one was 72 years, one 9 months.

Death took place in the third and fourth week in fifty per cent. of the cases; twenty-five per cent. occurred in the second and fifth weeks; two and a half per cent. in the first week. Over fifty per cent. of those who died in the first week were free from complications.

The causes of death which reached five per cent. or over were the following: Edema of the lungs, fifteen per cent.; parenchymatous and fatty degeneration of the heart, thirteen per cent.; parenchymatous and fatty degeneration of the liver, ten per cent.; bronchitis, ten per cent.; lobular pneumonia, eight per cent.; croupous pneumonia, seven per cent.; hemorrhagic lung infarct, six per cent.; perforation of the intestine, with peritonitis, six per cent.; intestinal hemorrhage and edema of the brain, each five per cent.—*Ibid.*

Pleurisies of Childhood and their Treatment.

Simon (*Le Progres Med.*) emphasizes the difficulty in the diagnosis of pleurisy in children, showing that the classical symptoms are generally lacking, and that up to the age of four years there is great probability of the effusion becoming purulent. The prognosis is favorable in those cases in which the conditions are properly recognized and treated.

In the first few days it is often impossible to diagnose pneumonia from pleurisy. Again, pericarditis can be confused with pleurisy in the neighborhood of the heart.

Simon divides the treatment into two periods: First, in the period of development where the indications are entirely medical; at this time he uses calomel in doses of three-twentieths to three-fourths of a grain for two or three days for its intestinal action. Digitalis is given also as a diuretic and anti-phlogistic, together with hot milk, diuretic drinks, etc. Local treatment consists in the application of sinapisms.

The treatment of effusions constitutes the second period, being the same as for adults: thoracentesis for excessive effusion and the insertion of drainage-tubes and daily lavage for empyema. It is possible that future bacteriological study will decide that pleurisies with the appearance of pneumococcus can be treated by simple thoracentesis, while those with the appearance of streptococci and staphylococci will require the treatment of ordinary empyemas. In lavage of the pleural cavity, the use of a siphon, such as the siphon tube of Potain, instead of a syringe, is advised. Boric acid solutions are preferred, with antiseptic dressings of the wound with iodoform. The necessity of the use of hygienic measures and of the administration of tonics is recognized.—*Ibid.*

The Action of Prussic Acid in Tuberculosis of the Lung.

Koritschoner (*Wien. klin. Wochenschrift*), reports his investigations on this subject. Inaugurated in medicine by the Italian physicians, Brera, Borda, Brugnattelli and Rasori, prussic acid was employed at the beginning of the century against every disease with great results. The most incredible effects were attributed to its healing action; even tubercular cavities were healed by its administration. Rapidly, however, its pantherapeutic virtues shrank, until now its preparations are used for stomachic cramps and palpitation, and occasionally as a specific against tuberculosis of the lung.

Koritschoner resolved to try its efficiency in pulmonary tuberculosis, giving inhalations of the acid in vapor form, made by the action of potassium cyanide and dilute sulphuric acid. Thirty patients with incipient pulmonary phthisis were placed in a chamber two hours every morning and afternoon for six

weeks; in this room the fumes were driven, no other treatment being added. The conclusions reached were as follows: Chronic prussic acid poisoning was produced in seven patients; diminution of cough and liquefaction of sputa occurred in all; reduction of pulse and respiration rate occurred in every case; doubtful action on body weight, night sweats and fever were observed; while there was absolutely no effect on the tubercular process in any way, which increased regularly and steadily throughout the treatment. Realizing the dangers of the treatment, Koritschoner wisely concludes that the results were too small to justify its use in such cases. He believes its reputation is due in phthisical conditions to its sedative action on the cough.—*Ibid.*

To Stop Nose Bleed.

Dr. W. T. Lusk, of Bellevue, told the class the other day that about twenty years ago he was in the office of a country practitioner when a man came in with the nose bleed. Instead of being greatly disconcerted or excited about the matter, and hurrying about to find means with which to plug the posterior nares, he quietly walked over to a desk, took but a clothes-pin, pushed it down over the cartilaginous part of the man's nose, and went about his other duties. After, perhaps, ten minutes, the clothes-pin was removed and the epistaxis did not return. Dr. Lusk stated that this might not seem a very artistic or scientific procedure, but he had been looking for a case the past twenty years in which it would not succeed in checking the nasal hemorrhage. Moreover, it was by no means as uncomfortable as the use of a coagulating salt or a posterior plug. The fingers would answer as well as a clothes-pin, but the nose should be grasped from above downward, not simply clasp the alæ between the thumb and finger.—*Practice.*

Salicylate of Mercury.

For hypodermic injections Vacher uses the following solution:

R. Hydrarg. chloridi corrosiv.... 1 part.
Sodii salicylic.... 2 parts.
Aquæ destil..... 100 parts. M.

In this solution each cubic centimeter contains one centigram of salicylate of mercury. For use by the mouth a 1-1000 to 1-5000 solution should be used.—*Deutsche Medicin. Wochenschrift.*

*Obstetrics and Gynecology.***Gynecological and Obstetrical Society of
Baltimore, Md.****FEBRUARY MEETING.***The President, Dr. Henry M. Wilson, in the chair.*

REPORTED BY WM. S. GARDNER, M. D., SECRETARY.

Dr. J. Whitridge Williams read a paper on "The Induction of Premature Labor in Contracted Pelves." He pointed out that the comparative neglect of the operation in this country was due to two causes—the absence of large lying in institutions and the consequent lack of large amounts of clinical material, and the almost total neglect of pelvic measurement. By the term premature induction of labor one understands the artificial interruption of pregnancy at such a period that a viable child may be born; that is, any period from the twenty-eighth or thirtieth week to the end of pregnancy.

Dr. Williams then went into the history of the operation, and showed that it was first rationally employed for this indication in England, as the result of a conference of the eminent physicians of London in the year 1756. Within fifty years it was quite generally employed on the Continent, and soon enjoyed a popularity which caused it to be resorted to on the most trifling pretexts, and which in 1869 called forth Spiegelberg's forcible denunciation of the operation, by which he showed that the mortality both of the mothers and children was nearly three times greater after the operation than if the woman went on to term. This was soon followed by articles by Litzmann and Dohrn, who showed that Spiegelberg had painted the picture in colors far too dark.

Litzmann showed that in moderate degrees of contraction—8.25–7.5 cm. ($3\frac{1}{4}$ –3 in.)—the operation was indicated in the interests of the mother, as shown by a mortality of 7.4 per cent. after the operation, as compared with one of 18.7 per cent. when the woman was allowed to go on to term.

Dohrn stated that the proper method of appreciating what the operation accomplished, was not to compare so many cases of induced labor with so many cases of labor at term, but to compare the results of premature and spontaneous labors in the same woman; by this method he found that twice as many

children were saved by inducing labor as by allowing the woman to go on to term.

Consequently they proved that the operation was indicated in properly selected cases, both in the interests of the mother and child. The introduction of antiseptic methods into midwifery almost completely robbed the operation of danger for the mother, as will be readily seen from the following statistics:—Thus Haidlen reports 44 cases from the Stuttgart clinic, with no maternal deaths and 72 per cent. of the children saved.

In 1889 Korn stated that Leopold lost one woman in 45 cases, and saved 66 per cent. of the children. And last July Ahlfeld stated that he had induced labor 118 times with the loss of only one mother, and had saved 62 per cent. of the children. At the Berlin Congress, Fehling stated that in 60 cases he had saved all the mothers and 80 per cent. of the children.

From the above sketch we will readily see that the maternal mortality in properly selected cases is very slight:—401 cases collected by Korn showing a maternal mortality of only 2.9 per cent., or just a trifle more than normal labor in a normal pelvis, while the fetal mortality ranges from 20 to 70 per cent., the average being about $33\frac{1}{2}$ per cent. So in this operation we have a means of saving about two-thirds of the children without any risk to the mother. Or reckoning by Dohrn's method, we save at least twice as many children as if we allowed the woman to go on to term, and then resorted to some conservative operation.

These are the prospects of the operation, but unfortunately the degree of contraction within which the operation is justifiable is very limited, and one can only think of it in moderate degrees of contraction. According to Litzmann, in flattened pelvis with a conjugata vera of 7.5–8.25 cm. (3–3.25 ins.); and to Schroeder 6.5–9.5 cm. (2.5–3.75 ins.).

As pelvis with a conjugata vera above $8\frac{1}{2}$ cm. ($3\frac{3}{4}$ ins.) offer a reasonable chance to both child and mother at term, and those below 7 cm. ($2\frac{1}{2}$ ins.) offer no chance to the child, I think that the operation should be restricted to these limits; that is, between $7\text{--}8\frac{1}{2}$ cm. ($2\frac{1}{2}$ – $3\frac{3}{4}$ ins.) in simple flattened pelvis.

In the justo-minor pelvis, a conjugata of $9\frac{1}{2}$ cm. ($3\frac{3}{4}$ ins.) or less, will usually be an indication for the operation.

In the rare forms of obliquely narrowed pelvis, whatever its cause, we must be guided almost entirely by history of previous labors.

We thus have the operation restricted to a very small range, $1\frac{1}{2}$ cm. ($\frac{3}{8}$ ins.), which should only be exceeded when the previous history tells us that the previous labors have all ended disastrously. We should not think of inducing labor in a flattened pelvis with a conjugata below 7 cm. ($2\frac{1}{2}$ ins.), for in that case the prospects for the child are almost nil, and the dangers to the mother greatly increased.

Here we come to the relative indication of Cesarean section, when it is best to allow the woman to go on to term, and attempt to save both mother and child by that operation.

With these contracted indications, we readily see that an accurate idea as to the exact size and form of the pelvis is an absolute prerequisite for the performance of the operation; and the only means by which we can accurately obtain the information is by carefully measuring the pelvis. We should not content ourselves with simply measuring the conjugata vera; but should also take the external measurements, and thereby attempt to determine with what form of pelvis we have to deal. After doing that, we must carefully examine the interior of the pelvis to determine its height; to see if it is generally contracted, and if contracted, if the contraction increases as we approach the outlet. We must look for exostoses of the pelvic bones, and carefully examine the promontory to see if it is double or not. If we think the pelvis contracted laterally we should measure the distance between the tubera ischiorum on each side, as Breisky recommended. We should also attempt to estimate the transverse diameter of the pelvis, which is most difficult to do, and the most that can be expected is to examine with each hand, and try to stroke the linea innominata, and so relatively to get some idea as to the transverse diameter.

Having decided that an operation is necessary, the next question is, when shall it be done? Of course the younger the fetus, the smaller will be its size, and consequently the easier its delivery. But unfortunately the smaller the fetus, the less chance will it have of living even if it survive the operation. Generally speaking, we say a child is viable after the twenty-eighth week, but its chances of living are almost nil; indeed, children thirty to thirty-two weeks old have next to no chances of living. The later the operation, the more chance has the fetus of living after it, but unfortunately its size and consequently the difficulty of its delivery increases

with its age. If possible the operation should be done about the thirty-fourth to the thirty-sixth week, our object being to operate at the latest possible period consistent with safe delivery.

To fulfill this object we must attempt to gain an accurate knowledge as to the size of the child's head. Unfortunately we are unable to determine its size with mathematical precision, or even with the relative precision of pelvimetry; so we are obliged to take advantage of every possible hint on the subject. Some of the following points may be of assistance in different cases: We must consider the mother's account as to the duration of the pregnancy. Notice the size of the parents—large parents usually having large children. Inquire about the previous labors, particularly as to the size of the head. Endeavor to estimate the size of the head by abdominal and combined abdominal and vaginal palpation; and note the consistency and amount of resistance to compression that the bones of the head offer.

Try to measure the head with the pelvimeter through the abdominal walls, and deduct the estimated thickness of the abdominal walls from the result.

Notice the size of the large anterior fontanelle, average width 2 cm.; the width of the uterus; and the distance from the anterior to the posterior fontanelle; for as they are larger or smaller, it indicates a larger or smaller head. Measure the length of the fetus as it lies in utero, from breech to vertex, double the measurement, and it gives, according to Ahlfeld, the length of the fetus. If a foot is prolapsed measure it, for Goenner stated that there is a difference of nearly one centimeter between the length of the foot of a child at term and one at thirty-two to thirty-four weeks.

One of the most important methods is that of Mueller, who attempts to force the head down into the pelvis by pressure from above. As long as he is able to force the head down, he knows that labor will readily take place; but when he can no longer force the head down and when it bulges out over the symphysis, then he considers that the time for operation has arrived.

As the great danger to the mother is from sepsis, one can not be too careful in one's efforts to guard against it, and consequently one should be most particular in one's preparation for the operation.

For several days previous to operating, the

woman should have a warm bath daily; and several times a day be douched with warm water, 95° to 98° F., containing salt or borax, by which the cervix is softened and dilated. Just before operating, the genitals should be most carefully washed with hot water and soap, followed by 1-1000 bichloride solution; the vagina should also be most carefully cleansed.

The hands of the operator should be washed for at least ten minutes in hot water, and the nail-brush vigorously used, after which they should be placed for several minutes in a 1-5000 bichloride solution.

All instruments should be sterilized by steam, or placed in a five per cent. solution of carbolic acid for at least thirty minutes.

The most generally approved method is that of Krause, or the introduction of a disinfected flexible bougie between the membranes and the uterine wall. If properly conducted it is almost entirely devoid of danger for the mother, and will bring about the birth of the child in a period varying from 8 to 24 hours, averaging about eighty hours, or about three days. To insert the bougie, the woman is placed on her back or side, as may be most convenient, and the cervix brought down by a pair of bullet forceps and the cervical canal carefully cleansed with bichloride on a pledget of cotton; the bougie is then carefully inserted so that its lower end is within the vagina, care being taken not to wound the membranes or the placenta. Then the vagina is packed with iodoform gauze. If at the end of twenty-four hours no labor pains have been produced, the bougie should be removed and another introduced at another point under the same precautions as the first.

Should this method fail, we may resort to Kewisch's method of allowing a current of hot water, 100° to 110° F., to flow through the vagina several times a day, for a period of five to fifteen minutes. Or we may puncture membranes. As accessory to these, we may loosen the membranes about their lower pole, dampen the vagina with iodoform gauze, or employ Barnes' bags.

If the pains are weak, Fehling recommends version by Hicks' method and bringing down one leg, whereby increased contraction is produced, and is afforded a ready means of ending the labor if one deems it expedient in the interests of the mother or child.

Dr. Neale: I regard the chief point in this very able paper to be the endeavor to defin-

itely fix the limits for the induction of premature labor in contracted pelvis, not as opposed to Cæsarean section, but as applicable to a distinct and separate class of cases. This endeavor I strongly advocate, but at the same time must confess that I do not believe the plan is always practicable at the bedside. There are so many factors entering into the determination of this question as I stated in my paper, that I can now only repeat what I there quoted, viz.:—"A given pelvic measurement is useful as an indication of what has been the experience of others under similar circumstances, but is not a final ground for decision."

After the evidence adduced, which doubtless represents the opinion of the best medical authorities, I am sure I only voice the concurrence of this Society in accepting the limits for this operation as stated by Dr. Williams. This is practically in accordance with the teachings of Lusk—probably our strongest American authority—who places the range for the induction of premature labor in contracted pelvis at a conjugata vera of from 2½ inches (7 cm.) to 3½ inches (8.75 cm.)

As stated in the paper, I believe the most reliable statistics of this operation are those of Dohrn, who compares the results of induction of premature labor with those of labor of term in the same case, showing a very decided advantage in premature labor. It must be remembered, however, as Litzmann has clearly shown, that children born alive by this operation are far more likely to die early than matured children. The risk to the child does not cease with the delivery.

I can not recall any reference in the paper to pelvis contracted from hip-joint disease, and yet I have met with two obstetrical cases of this character during the past two years in this city; both were in private practice, and both were primiparæ.

The first case I saw in consultation during a very severe labor at term, and delivered her of a still-born child by a difficult high (Tarnier) forceps operation.

Premature labor was induced on the second case at the eighth month. In this case the bougie was retained under antiseptic precautions (two per cent. creoline cervical and vaginal douche and iodoform gauze over os), between the membranes and uterine walls for forty-eight hours without effect; it was then withdrawn, the douche again administered, and bougie reintroduced in a different posi-

tion and retained for twenty-four hours, again without effect. The sac was then punctured high up by the probe, and labor began in about fifteen hours. Thus we see the method of Krause, although the best, may fail, where puncture of the sac will not.

As this lady was poisoned to death by an unclean servant, who dressed and picked carious bone from her foot and then attended my patient, and handled all her linen, napkins, etc., without my knowledge, it shows the importance of extending our antiseptic precautions to everything coming in personal contact with the case.

As regards the method of delivery, the experiments of Budin and others speak strongly in favor of version and extraction as opposed to forceps.

Dr. Kelly: The subject is too large to be discussed formally. I will merely refer to one or two points of interest. A serious complaint is to be entered against the records of foreigners in regard to the statistics of infant mortality after premature labor. Many observers only state whether the child was born living or dead; some few state whether or not it was living when discharged from the hospital. What we want to know for practical purposes is, whether the children live any time after they get home. My own experience is but few live. If they are sent out simply to die soon after at home, the induction of premature labor among the poorer classes simply becomes a species of uterine gymnastics.

A method of my own, which I have found most successful in inducing premature labor, is taking a flexible whalebone bougie, introducing it between the membranes and the uterine wall, high up into the uterus, and sweeping it gently around for one or two inches in either direction. This has not failed me in any instance in bringing on labor.

Formula for Dysmenorrhea.

Monin (*L'Union Medicale*) recommends the following for dysmenorrhea of chlorosis:

R Alcohol of melissa	} aa 1½ ounces.
Tincture of saffron	
Tincture of iodine	

M. Twelve drops daily, before each of the two principal meals, for two months.

Every eight days, a warm bath, containing three and one-half ounces of chlorate of ammonia.—*Univ. Med. Mag.*

Materia Medica and Therapeutics.

Incompatible Prescriptions.

BY S. E. EARP, M. D.

Professor of Materia Medica, Therapeutics and Medical Chemistry, Central College Physicians and Surgeons.

Several examples have lately come to our knowledge of incompatible prescriptions, written by physicians whose knowledge of chemistry and pharmacy might be open to criticism. One prescription especially can not be overlooked, containing ammon. carbonate and tr. fer. chlor. The free ac-muriatic in the tr. fer. chlor. acts on the carbonate radical, and the result is a violent effervescence, and a reddish, dirty-looking mixture, which even a dispensary patient would not relish. One other example: Salicylate of soda and tr. fer. chlor., making a dark-colored, nauseating mixture. These prescriptions were both filled by the same clerk in one day. There is hardly a day passes that most of the drug stores in Indianapolis do not fill, or attempt to fill, one or more incompatible prescriptions; and it is generally due to these nauseating mixtures that our patients take such a sudden dislike and disgust to taking medicine, and scientific medicine receives the blame of it.

Tri-Chloroacetic Acid as a Urine Albumin Test.

Dr. C. F. Heywood (*Merck's Bulletin*) says that this new agent has been recommended as a very delicate and certain indicator of the presence of albumin. It is not superior in delicacy and certainty to the heat and nitric acid test, but it will be found exceedingly convenient as a quick test to have in the vest pocket. It can be used in any clean glass bottle, without heat, and would settle many clinical cases of albuminuria with very little trouble. Of course all nice and doubtful questions would require later and more careful examinations. It can be prepared in various ways, but the saturated solution in water, half an ounce to one ounce, being 33½

per cent, is the best. Of this ten minims are enough for an ordinary test tube. Fill two test tubes, hold them parallel before a dark object near a window; add the solution of tri-chloroacetic acid slowly to one, and notice the difference of behavior in the two tubes. Albumin in very small amounts is indicated by a slight grayish, opalescent coloring. In larger percentage, albumin produces a decided precipitate.

For clinical use nothing else known is so handy, quick and decisive. These are qualities recommending it to the busy practitioner who knows that the urine should be tested in every case requiring medical advice.

Iodol.

Iodine, iodide of potassium, and allied preparations, almost invariably produce some gastric disturbance, to say the least, or very nauseating. Iodoform, in some respects, will not produce these unpleasant consequences, but the odor has been a very objectionable feature. The use of iodol, in our experience, is devoid of the unpleasant effects mentioned, does not produce the familiar symptoms of iodoism or the eruption. In almost every instance, its results as a constitutional and local remedy have been effectual; yet, until further use, we would hardly feel justified in pronouncing its direct therapeutic action superior to all preparations of iodine.

Salicylate of Mercury.

This remedy is one which has been largely neglected, despite the fact that it is useful to a high degree. One of the great drawbacks which attended its use was the impossibility of dissolving it in water without the addition of alcohol or of chloride of sodium. Otherwise this salt has antiseptic powers equal to corrosive sublimate, and is devoid of the latter's bad qualities. M. Vacher has overcome the difficulty of making a solution (*Medicine Moderne*) by obtaining salicylate of mercury through the double decomposition of a mixture of corrosive sublimate and salicylate of soda in water. In addition to the salicylate of mercury, a chloride of sodium is formed which makes the solution a stable one. This solution is not irritating,

contains no alcohol, and may be used for various purposes according to its strength.

For external use the following formula may be employed:

R Hydrarg. bichlorid. gr. iv.
Sodii salicylat. gr. viij.
Aque. oz. viij. M.

If a weaker solution is desired, the following may be ordered:

R Hydrarg. bichlorid. gr. j.
Sodii salicylat. gr. ij.
Aque. oz. x. M.

For hypodermic injections in the treatment of syphilis, M. Vacher injects one cubic centimeter of the following solution, which has given him the best results:

R Hydrarg. bichlorid. gr. v.
Sodii salicylat. gr. x.
Aque destillat. oz. j. M.

One cubic centimeter contains three-twentieths of a grain of salicylate of mercury. The injection is not painful, and is never followed by abscess. Internally, a tablespoonful, or slightly more, of a one to a thousand solution may be administered.—*St. Louis Med. and Surg. Journal.*

Creolin and Some of its Uses.

In Alopecia.

R. Creolin Pearson $\frac{3}{4}$ gr.
Hydrarg. bichlor 1-64 gr.
Aq. rosæ $3\frac{1}{4}$ f oz.
Aq. dest $13\frac{1}{4}$ f oz.

M. Sig.—Wash the scalp with the solution.

—*Sawalorski.*

Deodorization of Iodoform by Creolin.

Dr. Ludwig Vaczi, a practitioner in Nagy-Karoly, communicates to the *Medicinisch-Chirurgische Rundschau* his discovery of the power of creolin to deodorize iodoform. He had prescribed an ointment consisting of one part of creolin, two of iodoform, and twenty-five parts of vaseline. On the following day he was surprised that not only was the usual color of the iodoform ointment changed, but that there was no smell of iodoform and only a slight smell of creolin. He points out how important it is in many cases that the presence of iodoform should not be known by its odor, and considers creolin the very best of all deodorizing drugs for the same. It not only does not irritate, but it is also itself a good disinfectant.—*Lancet.*

Creolin in Erysipelas and Eczema.

Dr. Rothe has used in the treatment of erysipelas a creolin ointment containing—

R Creolin 1½ parts.
Creta præp., axung. porc. aa 15 "
Ol. menth. pip gtt. 5

This is spread in the thickness of the blade of a knife over the diseased parts twice or three times a day, a thin layer of cotton-wool being applied as a covering. In from twelve to twenty-four hours improvement was always apparent, and the disease was cured in three or four days. The same ointment also did good service in a case of weeping eczema of the face, as also in several cases of eczema in children. A patient suffering from scabies was treated with a thorough washing with soft soap and inunction of this ointment, with such decided effect that Dr. Rothe considers creolin to be undoubtedly a specific for the disease.—*British and Colonial Drug-gist.*

Administration of Anesthetics to Children.

Dr. Ness, in a discussion published in the *Glasgow Medical Journal*, reports 1080 cases in which anesthetics were employed at the Hospital for Sick Children. In all these cases careful notes were taken, and there were at least a thousand more of which no record was kept. Chloroform was almost invariably used, ether being employed only in exceptional cases. No death has ever occurred during the administration of an anesthetic. The mode and details of administration are not given.—*N. Y. Med. Jour.*

Variations in the Caustic Action of Carbolic Acid.

It is claimed on the authority of Dr. Charles that carbolic acid, if dissolved in glycerin or alcohol is not caustic, whatever be the degree of concentration. An aqueous solution or even a small per cent. of water added to the alcohol or glycerin solution will act as a caustic to the skin and mucous membrane.—*Le Bul. Med.; Weekly Med. Review.*

Seat Worms.

R Tincturæ rhei 30 drops.
Magnesia carbonat. 3 grains.
Tincturæ zingiberis. 1 drop.
Aquæ q. s. add 4 ounces.

M. Sig.—Warm and use as injection three times daily.—*The Doctor.*

Mollin, a New Ointment Base.

Dr. Julius Kuhn writes to the *Berlin. Klin. Wochenschrift*, regarding the objectionable features of some of the ordinary excipients for ointments. Almost all animal fat, he says, becomes rancid; lanolin is too tenacious for inunction purposes, will not dissolve chrysarobin, and will not subdivide mercury fine enough: vaseline is better in some respects, being more permanent, but it takes up some substances with difficulty, and in hot weather is soon too fluid on the skin; moreover, some specimens of it contain so much of impurities as to be irritating to the surface treated. In 1885 Unna pronounced it as his opinion that the best ointment base was soap, but it has not always been easy to find a pasty soap that would remain unaltered at ordinary temperatures, have penetrating qualities, and mix well with the curative ingredients proposed to be used. A soap has been made by the druggist Carez, called mollin, which is said by Kuhn to meet all these requirements. Mollin appears to be a superfatted soap, holding seventeen per cent. of fat in excess. It contains a little cocoa-nut oil and about thirty per cent. of glycerin, besides kidney-fat, tallow, and soda and potash mixed, but chiefly the latter. It is said to keep unaltered for years. It is put up in two forms, one harder than the other.—*New York Medical Journal.*

Copper in Chlorosis.

Luton has recommended the following formula, from the use of which Dr. Liegeois has obtained excellent effects in chlorosis:

R Neutral acetate of copper gr. 1-6.
Crystallized phosphate of sodium. gr. 5-6.
Liquorice powder.....
Glycerin aa q. s.

M. ft. tal. pill. No. 12.

Sig.—One pill immediately before morning and evening meal.—*St. Louis Medical and Surgical Journal.*

Cough Mixture.

The following is said by the *College and Clinical Record* to be Dr. E. G. Janeway's favorite cough mixture:

R Syrup. tolu
Syrup. pruni. virginian.....
Tinct. hyoscyami } aa oz. j.
Spirit. ætheris comp
Aquæ }

M. Sig.—Dose, a teaspoonful.—*Ibid.*

Treatment of Diabetic Coma.

In the *Berliner Klinische Wochenschrift*, Dr. Schmitz publishes his views as to the nature and causes of diabetic coma and his treatment of it. This paper has been analyzed by Dr. W. A. Stewart, who publishes an abstract of it in the *Medical Chronicle*.

The author recognizes two distinct causes. The first is weakness of the heart's action, caused by the action of the sugar in the blood on the muscular fibres of the heart. In diabetic subjects, even when fat and seemingly in good condition, the body muscles are lax and soft, and the results are insecure gait and weariness easily produced. The heart muscle, he argues (and post-mortems support him), is in a similar condition—also suffering from degeneration of its fibres. The cyanotic face, the quick breathing, and the slow, small pulse, getting quick and irregular with the slightest exertion, point in that direction. Then the cardiac impulse is hardly perceptible, the area of heart's dulness is increased in breadth, and, on auscultation, not only at the apex, but on the aorta, the first sound is anything but clear. In severe cases it is barely audible, or even inaudible, and the beat, especially on exertion, is frequently irregular. With such a heart there goes short breath, giddiness, sounding in the ears, and great sense of weakness. Suppose such a heart is wearied out by over exertion, the result is that the breathing is affected, the appetite disappears, the head suffers from pain, giddiness, and an inclination to vomit, and if no precautions are taken, or prove of no avail, the arteries get more and more empty, the veins more and more full, and carbonic acid accumulates in the blood, somnolence steals on, coma succeeds, and the patient dies poisoned. Instead of striking work gradually, the heart may stop suddenly, and in some cases unexpectedly burst without even any preliminary over-exertion or over-exhaustion (e. g., the case of Baron von Haymerle, eight years ago).

In such cases the line of treatment is plain. Anything exciting the heart, medicinal or other, must be avoided. Hill climbing, stair climbing, long walks, early rising, Venus and Bacchus in excess, are all to be avoided, as also are bromide of potassium, all combinations of potassium, salicyl, antipyrin, antifebrin, and hot baths. Also narcotics, except when absolutely necessary, and then carefully used. Nutritious, but easily-digested food, a moderate amount of alcohol,

fresh and invigorating air—these are the best drugs. Of course, one must not lose sight of the ordinary diabetic treatment; the above refers to cardiac failure.

In a pressing case the patient is to be kept in the recumbent position, and must neither stand up nor sit up, even for stools or urinating. Stimulants by the mouth, or, preferably, if apt to cause vomiting, subcutaneously (e. g., musk and camphor). The best stimulant of all is black coffee. With alcohol in large doses it is necessary to be careful on account of the succeeding depression favoring collapse. The neglected *castoreum sibiricum*, not *canadense*, he considers a very good stimulant. The great danger lies in letting the patients up too soon, and the great difficulty is keeping them in bed long enough. Dr. Schmitz makes it a rule not to let his patients get up until the first sound of the heart, indistinct or vanished, again becomes clear. He gives five interesting cases illustrating well his theory and treatment.

So far as regards the first. The second form of diabetic coma he describes as an acute self-poisoning, which has been named, although not rightly, acetonemia. This condition is preceded by symptoms mistaken for indigestion, or slight gastric catarrh—e. g., lack of appetite coming on suddenly, eructations, especially in the morning, of foul gases, great sleepiness and weariness. The sleep, like that of drunkenness, leaves the patient more weary, feeble, and heavy-headed than before it. There is usually constipation, sometimes diarrhea; the tongue is dry and coated, and the breath smells badly. This condition lasts for about two days, and then the patient gets restless, groans and laments in his sleepy state. The respirations increase to 45, the pulse to 130 or more. The temperature is always raised (38°, 39°, and over). He requires a loud call to rouse him, seems peevish, hardly answers a question, and again relapses into his sleepy condition. He complains, when asked, of thirst and of pains in the upper left side of the abdomen, which, however, is not painful on pressure. These pains or colic attacks come on from time to time, and must be very acute, as they awaken the patient and cause him to cry out aloud. After violent efforts he vomits some green-colored fluid, and then the maddening pain seems to abate somewhat, and he falls asleep until another attack.

A physical examination of the heart and lungs reveals nothing abnormal. The pupils

are mostly contracted, and react but slightly. Towards the end violent clonic and tonic spasms set in, and death follows in deep coma. It comes quickly, often in ten hours.

The colic, the high temperature, and the clear heart-sounds distinguish this form of coma from that produced by cardiac failure. The treatment is beautifully simple. It consists in clearing out the bowels, constipated or not, with one to two tablespoonfuls of castor oil. "The poison, be it ptomaine or toxin, or whatever else, is a product of decomposition in the bowel." The case is simply one of poison; the poison lies in the bowel, and the indications accordingly are to get rid of it as soon as possible. After a thorough purging, resulting in a profusion of black, foul, putrid stools, recovery is remarkably quick. Even in diarrhea he gives castor oil, and the result is equally good. The purging does not weaken the patient, who seems better after than before the attack. Of eight cases, all equally bad, four not treated with the oil died, and four treated with it speedily recovered. One of these cases may serve as a sample:

D., three years diabetic, and once in Neuenahr before, fell ill on the journey, and summoned me by telegraph to Cologne. The patient had already suffered some days from constipation, had had eructations of putrid gas, and was suddenly seized with the most violent pains and vomiting. I found the patient in a very somnolent condition, scarcely able to answer questions. Temperature, 38.6°; pulse, 130; respiration, 40. Here also I did not delay, but gave at once a tablespoonful and a half of castor oil, and the same dose an hour after. After an hour and a half the pains and sleepiness departed, and when, after two hours, he was relieved of great masses of abominably stinking feces, his condition became rapidly and remarkably better. He got up the following day, and continued his journey on the same day to Neuenahr, where he continued to improve. He remembered for a long time the abominable taste of the gas.

The poison is in the feces; who will isolate it?—*Therapeutic Gazette*.

In boiling instruments for the purpose of sterilizing them, the rusting and discoloration which always follows when boiled in pure water, can be prevented by boiling in a one per cent. solution of carbonate of soda.—*Prof. Keen, Coll. and Clin. Reg.*

Reviews and Book Notices.

A Text-Book of Bacteriology. By Carl Fraenkel, M. D., Professor of Hygiene in the University of Königsberg. Third edition. Translated and edited by Dr. J. H. Linsley, Professor of Pathology and Bacteriology in the Medical Department of the University of Vermont; Demonstrator of Pathology and Bacteriology, in New York Post-Graduate Medical School and Hospital, etc. Octavo, 380 pages. Extra muslin, \$3.75. New York: Wm. Wood & Co.

It is rather strange that, with all the writing upon bacteriology, there had not yet been produced in English a satisfactory text-book upon the subject. Hueppe has been translated, but such books as Hueppe and Fluege cover but part of the field, and deal too much with technicalities to suit the great mass of the profession. Crookshank is good in some respects and very unsatisfactory in others, especially in just those parts which most interest the non-technical reader. Sternberg and Satterthwait are both disappointing and not now up to date. Prudden's exquisite little works do not profess to cover the whole field.

There is a demand on the part of students and practitioners for a real text-book which shall cover the field of bacteriology; which shall be scientific, but not too technical, and shall explain the history and logic of the germ theory, the methods of bacteriological work, the place and properties of bacteria, and which shall be especially clear and satisfactory in its statement of the bacterial relations of the individual infectious diseases. This is where Crookshank fails and Fraenkel succeeds.

The intelligent physician wants a book which shall deal with bacteriology as his text-books on surgery or medicine do with those subjects. This demand is now met in Fraenkel's *Grundriss der Bakterienkunde*—the best text-book yet produced upon the subject.

The writer has so often been compelled to give an indefinite answer to the question,

"What is the best book for physicians upon bacteriology?" that he takes a special satisfaction in directing the attention of the profession to this work.

Dr. Linsley is to be congratulated upon his success in making available that text-book, which not only may properly, but should be upon the shelves of every physician who wishes to understand what has been done in the most important field of modern medicine.

T. P.

Sexual Neurasthenia—Its Hygiene, Causes, Symptoms and Treatment. By George M. Beard, A. M., M. D. Edited by A. D. Rockwell, A. M., M. D. Cloth, \$2.75. New York: E. B. Treat, 5 Cooper Union. 1891.

A review of the second edition of this excellent work appeared in the JOURNAL some three or four years ago. The third edition has now made its appearance, with further observations upon the use of electricity in the treatment of sexual neurasthenia, which will doubtless be of great value to every physician who is called upon to treat this disease. "The causes of sexual neurasthenia," says the author, "are not single or simple but complex; evil habits, excesses, tobacco, alcohol, worry and special excitements, even climate itself, are the great predisposing causes. The subject is restricted mainly to sexual exhaustion as it exists in the male, for the reason that the symptoms of neurasthenia, as it exists in females, are, and for a long time have been, understood and recognized. Cases analogous to those in females are dismissed as hypochondriacs, just as females suffering from now clearly explained uterine and ovarian disorders were formerly dismissed as hysterics. This view of the relation of the reproductive system to nervous diseases is in accordance with facts that are verifiable and abundant; that in men as in women, a large group of nervous symptoms, which are very common indeed, would not exist but for morbid states of the reproductive system."

The causes and symptoms of forty-three cases are given, followed by a chapter on

"Diet for the Nervous," with treatment and formulæ.

The International Medical Annual and Practitioner's Index—A Work of Reference for Medical Practitioners. Octavo, cloth, 580 pages, \$2.75. New York: E. B. Treat, 5 Cooper Union. Chicago: 199 Clark street.

The publishers, in presenting the Ninth Annual, have drawn upon forty representative men of the medical profession in Great Britain, the United States, France and India. There are three thousand references to diseases, and the synopses appended to the various articles contain a much larger number. The work contains a terse statement of the present state of our knowledge of diseases and of their treatment.

Part I comprises a Dictionary of New Remedies and review of Therapeutic Progress for the year 1890. Part II—Special Diagnosis; the Hand as a Diagnostic Factor in Diseases of the Nervous System, by E. Long Fox, M. A., M. D.; The Character of the Sputum as an Aid to Diagnosis, by Frank J. Wethered, M. D. Part III—New Treatment.

We commend the volume as an excellent means of keeping up with the times at a very moderate cost.

A Compend of Gynecology. By Henry Morris, M. D., late Demonstrator of Obstetrics and Diseases of Women in Jefferson Medical College. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut street. 1891. Cloth, \$1.00.

This is No. 7 of the series of Quiz-Compendis issued by Messrs. Blakiston, Son & Co. That portion of the book devoted to Gynecological Examinations is very practical in character, and will be useful alike to student and practitioner. The portion treating of Diseases of Women will be of use to the student preparing for examination.

The Physician's Leisure Library. Issued monthly; subscription price, \$2.50 a year, single copies, 25 cents.

The last three numbers of this excellent series of monographs comprises "Electricity,

its Applications in Medicine," by William Adams, M. D., two volumes; and "Taking Cold," by F. H. Bosworth, M. D.

We have had frequent opportunity to speak in high praise of the Physician's Leisure Library, and those of our readers who have subscribed for it have had every reason to be pleased with the work. The last three volumes are fully up to those that have preceded them.

Bromism and Intestinal Antisepsis.

In a note read before the Societe de Biologie, at the meeting held January 24, 1891, Dr. Ferret continues the study of the influence of intestinal antisepsis on bromism, already referred to in a previous number of the *Gazette* (*La Medecine Moderne*, February 5, 1891). He confirms the statement already mentioned that not only may one, with sufficient doses of naphthol and salicylate of bismuth, prevent cutaneous manifestations of bromism, but one may by these means even cure an eruption, if already so produced. He also maintains that borax also may produce eruptions quite as serious as those which follow the administration of large amounts of bromides, and that such eruptions may be likewise treated and cured by the same method. He believes that his experience has demonstrated that this method should be generally employed, and always with a prospect of success in the treatment of the cutaneous manifestations which follow the ingestion of drugs.—*Therap. G zette*.

Treatment of Burns.

Rottenberg (*Therapeutische Monatsheft*) employs the following treatment. Blisters are not opened, but are pierced with a silk thread, soaked in sublimate solution and left in place. The whole burned area is then spread with a ten per cent. iodoform-vaseline, and is covered with gummed paper or silk; the salve should be renewed daily. By this plan, pain is relieved at once, and cicatricial contraction is rare.—*Univ. Med. Mag.*

Nasal Catarrh.

Dr. William Porter, St. Louis, recommends the following:

Resorcin.....gr. x.
Glycerine.....oz. j.
Katharmon q s ad.....oz. iv. M.
Sig.—For spray.

Special Notices.

The Indiana Medical Journal for 1891.

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Epilepsy—Hysteria.

Dr. C. W. Townsend, Bower Hill., Pa., says: I have used Peacock's Bromides extensively in epilepsy and hysteria; two cases of epilepsy of twelve and fifteen years' standing have not returned for two years.

Hoff's Malt Extract.

A California medical journal says: There is a firm in the East which professes to deal in a "Genuine" Hoff's Malt Extract, that has addressed us several communications offering the munificent price of five and ten dollars to publish articles laudatory of their so-called "genuine" product. We are sorry to see that many Eastern medical journals have accepted the articles in question, presumably at the same price. We are not so much in need of copy that we are obliged to sell our convictions for a paltry five or ten dollars, and besides, we know of only one "Genuine Hoff's Malt Extract," and that is imported direct from Germany by the well-known firm of Tarrant & Co., of New York, and we would advise our readers, when ordering Hoff's Malt Extract, to distinctly state "Tarrant's," else they are liable to get an inferior article.

A Victory for the Wagner Vestibule.

The Wagner Palace Car Company, operating sleeping cars over the Big Four Route, has gained a signal victory in its controversy with the Pullman Company. By a decision rendered by Judges Gresham and Blodgett, in the United States Circuit Court at Chicago, the motion made by the Pullman Company to enjoin the Wagner Company from the use of the "Vestibule" is denied, and the Wagner Company is sustained on every point it has made in the contest. This decision practically disposes of the litigation, and leaves the Wagner Company a clear field in which to demonstrate the superiority of its perfected Vestibule, which is now in use in all express trains of the Big Four Route, making the trains practically solid from end to end, an advantage which will be readily appreciated by the traveling public.

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Pinus Canadensis.

Dr. A. R. De Escarra, Paris, France, says: With S. H. Kennedy's Extract of *PINUS CANADENSIS* the results have exceeded my expectations. In three cases of metritis, accompanied by abundant and very viscous secretions, I was able to note the improvement almost at a glance, and in one case the complete cure of these affections by using the pure *PINUS CANADENSIS* on hydrophile cotton plugs. In two cases of inveterate leucorrhœa, which resisted various well chosen remedies, the improvement was truly marvelous; so much so, that I asked myself whether I had not fallen on a lucky combination. This, time will decide. From that time I have always recommended the *PINUS CANADENSIS* in all cases where I thought the action was clearly indicated.

Elixir Three Chlorides in Chorea.

The flattering results attained by several physicians and reported to us of the administration of Elixir Three Chlorides in Chorea, as a means to promote the absorption and check the abnormal growth of the connective tissue, is confirmed by a large number of physicians, who have wrought complete cures of the most obstinate and long standing chorea, by the use of from one to three bottles of the Elixir Three Chlorides.

Antikamnia.

Dr. A. P. McConneli, of Port Luddington, Mich., writes:—A few days ago I received your Antikamnia, which I have prescribed, and found it very satisfactory indeed. In influenza, which disease is very prevalent here just now, I find it as much of a specific as quinine is in ague. It is, indeed, one of the needful remedies, and should be in the hands of every practitioner.

We call the attention of our readers to the advertisement of Robinson-Pettet Co., Louisville, Ky., which will be found on another page of this issue. This firm was established forty-five years ago, and enjoys a widespread reputation as a sound, honest, reliable business house. We do not hesitate to endorse their preparations as being all they claim for them.

Read all the advertisements. You may find something that may be of great importance to you.

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Original Communications.

**CASE OF TUMOR OF THE CEREBELLUM
CAUSING SUDDEN DEATH.***

BY WALKER SCHELL, M. D., TERRE HAUTE, IND.

John Ecton, aged seven years, colored.

Family history.—The father is probably living; mother knows of no reason to believe him dead; the mother appears to be a strong, healthy woman of twenty-four years.

A great aunt died of phthisis pulmonalis, and one other member of the family was probably tubercular. No history of syphilis can be had. The boy's great-grandfather died with a misery in his head, after a history of prolonged suffering from headache during life.

The boy's mother is neurotic. She has what she calls the "nightmare." During these attacks she is usually only partially unconscious, but is unable to speak or move. Once, about seven years ago, she had a convulsion, and bit her tongue so severely that it bled freely, and was quite sore for a time. There are usually premonitory symptoms of these attacks, some of which have evidently been of a hysterical nature.

The boy's grandmother was present in the room, and assisted the mother in furnishing me this history. She is a strong, intelligent colored lady, and has no complaints to make to the doctor.

Personal history.—The boy has always been, till the last year, apparently a healthy child. He had the measles four years ago in a mild form, from which he made a good recovery without sequelæ. The boy was sick

at Brazil, Ind., last June. Dr. T. was called. The boy complained of pain in his bowels. The doctor made the diagnosis of worms; he gave some medicine that made the boy delirious and affected his speech. His mother says he did not talk right after taking the medicine. He talked with a whine and a finer voice than was natural. He acted foolishly for a time. He recovered in three days sufficiently to be out of bed. His mother did not see any worms, but saw some shreds of mucus which she took to be the remains of the late lamented worms.

Before the fourth of July the boy complained of his head. He had violent headaches at times, for which camphor and other domestic remedies were used. After a time his headache would be relieved, so that he would go about his play, and the mother did not think seriously of his condition. During the summer these headaches recurred and their intensity and duration became more marked, but still no physician was consulted. Last fall at school he complained greatly of headache. The mother thought this headache was due to the overheated and badly-ventilated schoolroom, because other children were made sick and vomited. This happened in Indiana! The boy always complained of frontal headache, saying "this is the place that hurts me," pointing to the fronto-nasal junction and the mid-frontal region. The boy was a mouth-breather, at least in his sleep. Since last October, when the family moved to this city, the boy has snored in his sleep—a thing that he did not do before. The family thought that he had nasal catarrh, and gave him catarrh snuff while living at Brazil, and also used salt and water as a wash. These remedies and others were continued here. They were not used often and not at all regularly, so that I am inclined to believe only on complaint of the boy.

*Read before the Vigo County (Ind.) Medical Society, April 2, 1891.

The mother took the boy out in the city about the first of last December, and he commenced crying on the streets; said his head hurt him. He was taken to Dr. Tomlin; he looked in his nose and said he had catarrh. From the shape of his head he also made the diagnosis of "doublehead." He also pointed out to the mother the anatomical peculiarities of the disease, and located it in the frontal region. Dr. Tomlin is a doctor built on the same plan as Dr. Crowley, the eminent specialist. He priced his services to the mother at \$1.50 per week, and on failure of the mother to hand over the cash neglected to give either advice or treatment.

It seems, however, that the mother was thoroughly impressed with the idea that the boy was suffering from catarrh, as she bought any patent medicine recommended for that disease when she could. She bought him a bottle of Dr. Marshall's snuff, on the recommendation of Mrs. Hendricks, "a lady doctor."

This winter his headache was markedly severe about once a week. He would run, play, skate, etc., when free from headache. About the middle of February vomiting made its appearance as a symptom. He would vomit when his head hurt him the worst. It appeared to relieve his pain, and he would usually get up and go about his play afterward. He has not gone to school since he moved to this city in last October. Sometimes he suffered from nausea without vomiting. He had a good appetite. He especially loved meat. I satisfied myself that this statement was correct, by special inquiry into the detail of the meals of the day.

During February nothing was noticed in the walk of the boy. When the sleet was on the ground a few weeks ago, he walked from his home, the corner of Twentieth and Sycamore to South Eighth street, below Park. This long walk for a seven years old boy was made without difficulty.

Although he vomited during February, the vomiting was not frequent. Did not vomit always even when suffering great pain in his head. The headache was not always violent. When it would get easier, he would go out and play with the neighbor boys. Of late his headaches became more frequent, still some days he would be clear.

The mother first noticed that he staggered the week before his death. She had removed some taps from his shoe-heels, which were unevenly worn, and when he staggered and

the mother asked the cause, he replied that his shoe-tacks had caught in the carpet. She had noticed this staggering or tottering of gait, but did not notice it often. He usually walked straight. When he had his spells of headache he would not talk much, at other times he was rather talkative.

His mother declared, in answer to the question, that he was a very bright boy, and that the neighbors had made comments on his unusual intelligence. I found, however, that at school he could not learn to read; he did not even learn to read his letters. His step-father said he could get as far as G, but even this part of the alphabet he did not learn out of the regular order. He did not even know A when out of its place, so that even so simple a thing as the alphabet could be learned by him only in a mechanical way. His parents, however, said that he could draw. He would make his letters from the book copy, but could not call a letter by its name. He could recognize pictures, but not letters. He tried frequently to draw animals. He knew the names of the pictures of animals.

The boy awakened the family about four o'clock on Sunday morning, March 21st. He was crying. He said his head hurt him. The mother took him up, and put some of Ely's Cream Balm in his nose, which she had purchased the day before for his catarrh. After a time the boy got easier, and went to sleep. The family got up at 10 o'clock A. M., and the boy at 10½ A. M. He did not put on his clothes, and complained of pain in his head. His mother changed his under-clothing, and while she was doing so he cautioned his mother not to jar his head. He sat with difficulty in the large rocking-chair, so that the mother caused him to take the smaller chair, so that his feet in this chair could touch the floor, and he could preserve his balance better. After sitting a short time he laid down. He eat breakfast at 11 A. M. He took a cup of tea and half a slice of bread and butter. He swallowed without difficulty. He walked in and laid down on the sofa. About 12 M. he asked for his flannels. After a time he got up to go in the pantry to make water, and while in the pantry commenced to cry. The mother started to go to him, and the boy started to return. He commenced to fall to the left, just after saying his head hurt in answer to the question. The mother reached him before the fall was complete. His head, however, struck the door in falling.

The mother carried him to the sofa, and called him anxiously by name "Koy!" and he grunted the reply "humph!"

The mother remarked that she believed he was dying, but the stepfather observed that his pulse still beat. His right hand was tightly shut, the elbow was strongly flexed, and the tendons of the forearm were prominent. The husband then ran to a neighbor's house, and the boy was still alive when she came. The mother and Mrs. Smith, the neighbor, heated water and applied warm cloths to his forehead. The father went after Dr. Spain, who arrived after the death of the boy.

The boy fell off the fence while walking it at Brazil last summer. He talked about this the Sunday before he died, and said he laid a good while after the fall. The skin was broken on the temple. He seemed foolish for a time after he came home from his aunt's, where the fall occurred. His aunt once remarked that he was cross-eyed. His eyes turned toward his nose. His head turned to the right when in pain; eyes looked in the same direction. He would frequently hit his head when in pain. His head was also sometimes retracted when in pain. One night last week he thought he had wet the bed, but on investigation it was found that he had only overturned the camphor-bottle.

Post-mortem examination.—The veins and venous sinuses were moderately filled with blood. There was a great increase of cerebrospinal fluid, and the lateral ventricles were greatly distended. The brain tissue was so anemic that few vascular points were visible on section, and occluded cerebri was present. On the right lateral cerebellar hemisphere was situated a tumor, almost round like a marble and about an inch and a half in diameter. It reached the surface superiorly and posteriorly, and occupied the posterior portion of the square lobe, slender lobe, and inferior posterior lobe, and extended into the posterior edge of the digastric lobe. The vermiform process was also encroached upon, the invasion extending across the median line. Around the tumor was a layer of softened and altered tissue; but the tumor itself was distinctly limited and much harder than tissues around it.

Microscopical examination showed it to be a round-celled sarcoma.

If the diagnosis could have been made, an operation for its removal would have been comparatively easy.

Correspondence.

A Case of Puerperal Amaurosis.

Editor Indiana Medical Journal:

I wish to report to your many readers the case of Mrs. H., a primipara, whom I attended in her first confinement, March 25 1891. Mrs. H. is a lady of florid complexion, with very red hair. I was called at 9 A. M. and the labor was terminated in good condition at 11 A. M. Nothing unusual occurring in the progress of the labor, I can not do better than to give here a portion of the history of the case, as prepared at my request by the husband, who is a very intelligent gentleman.

Condition of patient for eight days before confinement: Severe pain in forehead and back of eyes, with trouble similar to gathering in the head; discharges of yellow mucus and blood from nose; sick at stomach, with continued vomiting—nothing could be kept on the stomach only by great care, aided with powders to settle the stomach.

After confinement continuous vomiting supervened for about twelve hours, during which time the eyesight became flickering—come and went—until 6 P. M., when the sight became so extinct that a bright burning lamp could not be discerned in the room.

March 26.—1 P. M.—Could see very little. The pain in the head was not complained of during blindness, stomach was quiet and the patient became flighty, having a great desire for water. At 2 P. M. a powder was given, which stopped the desire for water, and caused the patient to sweat freely. At 4 P. M. the eyesight had improved very little; pulse 80. 8 P. M.—No further improvement in eyesight. Ate small supper.

March 27.—6 A. M.—Rested well through the night; no improvement in eyesight. At 12 M. the patient complained of pain in the head. 6 P. M.—Ate fairly well; pain in head much improved; now claims to see odd views floating before the eyes.

March 28.—Rested badly during the night, being troubled with bad dreams; no additional improvement in eyesight. At 6 P. M. but slight, if any, improvement in eyesight.

March 29.—8 A. M.—Ate good breakfast, and feels much improved over last twenty-four hours.

My theory of the pathology of the case was congestion of that portion of the brain that presides over the vision—the tubercula

quadrigenina; and in accordance with that theory, after a proper use of cathartics and anodynes, to put the digestive organs in good condition and to control pain, I directed full doses of acetanilid, with the view of anemizing the brain and relieving the congestion. Thirty minutes after the first dose was taken the eyesight was improved, and after one hour the vision seemed to be fully restored, so much so that it was not thought necessary to repeat the dose at the end of the second hour, and the patient has remained well to date. Was my theory correct, or was the recovery a happy coincidence?

A. HEAVENRIDGE, M. D.

Stilesville, Ind., April, 1891.

Insomnia in Infants.

Dr. Jules Simon considers insomnia a symptom of much importance in infants. In many diseases it is a symptom of minor importance, and of no special interest. In others it is one of the chief manifestations of the disease. The influence of dentition has been greatly exaggerated. Unless congestion of the gums or surrounding parts is present, it causes but little disturbance of the sleep. Dyspepsia and indigestion are the most common and universal causes of disturbed sleep, even without the definite symptoms of vomiting, diarrhea, or marked constipation. A discussion of the treatment would involve a review of the whole subject of dietetics. Causes referable to the nervous system probably occur next in frequency. All young infants may, even in the first year, present evidences of acute cerebral congestion. Extremes of either cold or heat may produce the same result. A child that has been exposed to a strong wind during its daily airing, or one that has had insufficient protection from the sun, may pass a restless and uncomfortable night. This condition must be distinguished from the insomnia of meningitis which, in some cases, is for many days the only sign. In older children, headache due to overtaxing of the brain is not uncommon. Anemia and rapid growth, in conjunction with over-study, is a fruitful cause of insomnia. In children of rheumatic parents this tendency is especially marked. Among nervous causes in these older children, hysteria, chorea, and epilepsy are the most common. The young hysterical subject is always liable to insomnia, with or without headache. Some attribute all headaches of this period to hysteria, but the author believes that the

distinction should be carefully made between such headaches and those due simply to rapid growth and over-study. The insomnia of epilepsy is peculiar to itself, and is sometimes the only symptom for a considerable period. The child suddenly wakes from profound sleep, sits up, and begins to cry, but soon lies back, as if exhausted, and falls into a deep sleep. These attacks are always accompanied by incontinence of urine. Insomnia complicating chorea is an exceedingly grave symptom. Earache is always accompanied by insomnia, and usually by continuous crying. Hernia is a cause of pain and sleeplessness that is frequently overlooked. Intermittent fever is in some cases marked by wakefulness at a definitely recurring period. Insomnia and headache are prominent and early symptoms of albuminuria.—*New York Medical Journal*.

Nitrite of Amyl in Chloroform Poisoning.

Dr. E. Mammen adds another case of chloroform poisoning treated successfully by the inhalation of nitrite of amyl. The facts are as follows: At about 7 P. M. Dr. M. received a message to come hastily to M. P—, who had taken chloroform and could not be awakened. The distance was about one and a half miles, and he stopped at a drug store to procure five-drop pearls of nitrite of amyl. Time of arrival was about half an hour after being called. He found the patient in a profound stupor, respirations shallow, pulse rapid and feeble. A three ounce bottle was found in his coat pocket, half full of Squibb's chloroform. A telephone message to the druggist revealed the fact that he had purchased three ounces of the drug some two hours before. He had swallowed apparently about one and a half ounce. Air was at once freely admitted to the room and to the patient, and a pearl of nitrite given by inhalation. The effect was immediate and apparent. After the lapse of fifteen minutes, the pulse again became rapid and feeble, and another pearl was used, with the result of deepening the respirations and increasing the vigor of the pulse. The same thing was repeated at lengthening intervals eight or nine times. Meanwhile, hypodermic injections of atropia were twice given, and towels wrung out of cold water dashed upon the chest. After four hours the patient awoke from his stupor, and in another hour was out of danger.—*Medical Record*.

The Indiana Medical Journal

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All letters and communications should be addressed to and all checks, drafts and Money Orders made payable to DR. FRANK C. FERGUSON, 19 West Ohio Street, Indianapolis.

The members of the Profession of this State, whether subscribers or not, are especially invited to send their contributions to this journal.

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Short practical articles, reports of Society meetings, and medical news solicited.

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SHALL WE HAVE A STATE OBSTETRICAL AND GYNCOLOGICAL SOCIETY?

Does the profession of Indiana need such a society? Are there a sufficient number of medical men in the State who would support such a society by prompt attendance and financial contributions?

Quite often during the last two years this subject has been broached to the editor of the JOURNAL by medical men in various parts of the State. Considering the fact that there are now so many State, County, National and District Medical Societies, it might seem at first sight that there is not room for the creation of a new society. But when we consider the fact that our State Medical Society holds only a two days' session once a year, and the majority of the County and District Medical Societies meet but once a month, and many of them but once in three months, it must become manifest that in none of them can the time be found to discuss special subjects as thoroughly as they should be discussed in order to bring out all the important points and secure that interchange of opinion, facts and experience, without which a medical society is not of much value.

The organization of such a society would bring together from all parts of the State, and from adjoining States, many of the most advanced and enthusiastic workers in this special field, and the interchange of ideas thus secured would be of incalculable good to the whole profession.

While our State Society, theoretically, is one of the best organizations in the Union, and has been, and will continue to be, a great blessing to the profession, it must be manifest to those who attend its meetings, that it does not accomplish as much from an educational point of view as it should. While many most excellent papers are annually read and discussed, it does not afford the general practitioner or specialist, by reason of the limitation placed upon the length of papers, and the discussions following them, the opportunity to present fully their ideas upon any given subject. This defect might be partially remedied by dividing the Society into sections, but that would entail additional expense which the Society could not meet without raising the annual dues, and this would probably drive many members out of the organization. So it seems to the JOURNAL that a society devoted exclusively to these special subjects would be another step in advance in Indiana, and would result in great good to the profession. Now, that the JOURNAL has "spoken out in meetin'" upon this subject, the editor would be glad to hear from the profession.

The Indianapolis Medical and Surgical Sanitarium.

This institution is dead. Its proprietors possessed too much learning, too much skill, to conduct the institution with profit to themselves. They made a "specialty" of almost every disease upon earth, and if they had known the kind of diseases prevalent on the planet Mars, doubtless they would have announced themselves equally skillful in their treatment. When the institution was first started, about one year ago, their greatest hold seemed to be gynecology, and a flaming

sign, in gilt letters, reaching almost across the sidewalk, announced to the public that "Diseases of Women" was their special "specialty," so to speak. Somehow the female portion of this community did not rush there to any great extent. They would look askance at the great gilt sign, and then pass by on the other side. Gradually other diseases were announced as coming within the domain of these accomplished specialists, until the Sanitarium became an institution for the "skillful and successful treatment" of anything from a boil to an ovarian tumor, from a simple case of indigestion to the most fatal malady.

And yet the dear public would not nibble at the tempting bait. Somehow the afflicted seemed to prefer the ills they had than fly to those they knew not of. Finally, becoming desperate, the proprietors announced by cards scattered all over the city, thrown upon the sidewalk, tacked upon shade-trees, fences, gate-posts, and thrust into the hands of pedestrians by messenger boys, that "having had a wide experience in treating all diseases, and wishing to introduce themselves and show what they can accomplish, the physicians in charge of the Indianapolis Medical and Surgical Sanitarium will treat all cases free for thirty days, on Tuesdays and Fridays of each week." Patients were cautioned to "call early and avoid the rush." But, alas and alack! the public avoided the rush by calling neither early nor late, and the Sanitarium was closed because of the refusal of this wicked and perverse generation to trust the healing of its maladies to physicians possessing a superfluity of medical and surgical knowledge.

Minnesota "Docs."

The *Northwestern Lancet*, in its May number, prints another batch of answers from candidates for license to practice medicine in Minnesota. One fellow described the symptoms of cardiac dilatation as follows, viz:—"A dull pain at pit of stomach and a feeling of water in the bowels and gasses in the bowels,

emaciation, anæmia, loss of flesh." Treatment, put patient on milk diet and give rectal enema, peptonical food, and a nerve tonic to tone up the system." Another said that "hepatitis is an inflammation of the kidneys;" another that "salpingitis is an inflammation of the veins;" and another that "epididymitis is an inflammation of the scrotum." The symptoms of typhoid fever were said to be—"the patient has a tongue fured putrid offensive; head feels scattered about;" and the symptoms of lead colic were described as "diagnosed by a hard dry bellyache with scantiness of stools."

The candidates were all Americans, and presumably were graduates of American medical colleges in good standing. Could anything more emphatically emphasize the absolute necessity of stringent medical laws in every State of the Union? Could there be a stronger argument produced for the absolute divorcement of the teaching from the licensing power?

The Indiana State Medical Society will hold its annual meeting at Indianapolis, on June 10th and 11th. The meeting promises to be a large one, and the program, in so far as it has been arranged, is a good one. Those who have papers to read, and who have not yet sent them to the Secretary, should do so at once in order that they may be placed on the program. Let every member of the Society arrange his business to attend the meeting if possible.

Long Island College Hospital, in common with many others, has raised the standard of medical education. Hereafter the regular course of lectures will be six months in duration. Three courses of lectures will be required for graduation. Joshua M. Van Cott, Jr., M. D., has been appointed Professor of Histology and Pathological Anatomy, vice Frank Ferguson, M. D., who has resigned. The medical class of the present year numbered 250; the graduating class 82. There were 25,830 patients under treatment in the hospital and dispensary during the year 1890.

American Medical Association Notes.

Dr. H. O. Marcy, of Boston, was elected *President*; *1st Vice President*, Willis King, Missouri; *2d Vice President*, Henry Palmer, Wisconsin; *3d Vice President*, W. E. Davis, Alabama; *4th Vice President*, W. E. Taylor, California; *Secretary*, William B. Atkinson, Philadelphia; *Treasurer*, R. J. Duglison, of Philadelphia; *Librarian*, George C. Webster, of Chicago; *Trustees*, W. W. Dawson, of Cincinnati; W. W. Potter, of Buffalo; and J. H. Rauch, of Illinois.

The Trustees reported that the weekly circulation of the *Journal* was in excess of 5,400 copies; no editor had been appointed, and the place of publication would remain in Chicago.

The amendment proposed by Dr. Daly, conferring on permanent members all the rights and privileges of delegates, was defeated.

The president, Dr. Briggs, in his address, admitted that the *Journal* of the Association had never come up to the ideal standard that such a publication ought to maintain. His suggestion, however, that from seventy-five thousand to one hundred thousand dollars should be raised in order to provide a sufficient income to raise the *Journal* to the ideal standard of excellence is not likely to be realized. What the *Journal* needs is a live editor and good business management.

The Rush Monument Committee seems to be discouraged. Dr. Gihon stated that the committee had been at work seven years, but so slow was its progress that it would take seventy times seven years to perpetuate Dr. Rush's memory in imperishable bronze.

Dr. Comegys, of Cincinnati, secured the appointment of a committee to present a petition to the next Congress for the creation of a department of public health, the chief of which shall be a cabinet officer.

The next place of meeting will be Detroit, Mich.

Paris, France, has one medical man to every thousand inhabitants.

The Suicide.

BY H. C. S.

THE DOCTOR'S SOLILOQUY.

"A wind with keen cold bite
Is abroad this raw March night,
And snow, and sleet, and rain
In turn, lash the window-pane.

"I list to the howling blast
Of the storm as it hurries past,
With grim content; for I've a right
To shelter and warmth to-night.

"Old Dolly and I have traveled far
To-day, and nothing shall mar
Our comfort now; for who
Would brave this storm, or sue

"For physic on such a night?
So, old Morpheus I'll invite
To join me now, and then—
To bed as the clock strikes ten!"
* * * * *

Hurry, excitement and haste;
A message—"No time to waste;
A man's taken poison!"
The old, incoherent story—
A candidate for glory
And suicidal fame.

A ride in the teeth of the blast,
And the kind-hearted doctor at last
Stands appalled;
For the neighbors, far and near,
Press eagerly closer to hear
If "poor John" will die.

Five men are holding there,
Yet he writhes and tears his hair,
And foams at the mouth;
Then sinks away—grows stiff
And rigid, and breathes as if
Death were claiming his prey.

Weak women shriek and moan;
Strong men shiver and groan,
At the terrible sight.
"Oh, Doctor dear," they cry,
"Is it possible John must die
By his own hand?"

John shuns the doctor's touch,
And finches a little—not much—
As he feels his pulse,
(Which is good); and as he pries
His mouth wide open and tries
To scent—carbolic acid.

The crowd stands breathless to hear
The doctor's verdict; and fear
Chills every heart
As he turns away his head;
(They wonder if John is dead,
And mourn anew.)

But the doctor stands quite calm,
And something that sounds like "dam"
Escapes his lips,
As he orders his gig in haste,
Vowing he's no time to waste
On a blasted case of—Hysteria.

NOTES AND COMMENTS.

Nerve stretching and massage were first proposed in that good old religious couplet, viz.:

"Awake, my soul, stretch every nerve,
And press with vigor on."

Dr. John B. Roberts, of Philadelphia, will find it somewhat difficult to convince the profession that splints are useless in the treatment of Colles' fracture.

Dr. H. Knapp (*Med. World*), himself a sufferer from enlarged prostate, states that saw palmetto is the best remedy to lessen the size and relieve the tenderness and inflammation of that gland.

Dr. Daniel Morton has retired from the editorial management of the *Medical Herald*, St. Joseph, Mo., and is succeeded by Dr. Hiram Christopher, Professor of Chemistry in Ensworth Medical College.

According to Dr. W. B. Clark, Secretary of the Homœopathic Institute, "any one legally practicing medicine can be admitted as a member if he subscribes to Similia." On what a slender thread hangs everlasting things.

Dr. Barton Cooke Hirst reports two very severe cases of eclampsia successfully treated by the hot wet pack in a maternity hospital. He states that the cases were apparently beyond hope, and that other remedies, including venesection, had been tried and accomplished nothing. In one case the convulsions came on in the second stage of labor; in the other after delivery. There were in both cases severe convulsions. Coma was in both instances profound, lasting respectively more than two and more than five hours. The ultimate recovery was in both cases entirely satisfactory. The pack was given by wringing out four blankets in hot water, surrounding each extremity, the trunk under the arms, and finally the trunk and arms, with the hot, moist blanket, first slipping under the patient a rubber sheet and afterwards tucking a few dry blankets over the whole, the head being kept cool by cloths dipped in ice water.

Arthur Benson (*Brit. Med. Jour.*) describes an operation for the Transplantation of Mucous Membrane from the Mouth to the Eyelid, which operation he calls "St. Mark's Hospital operation." He declares that no other operation has given the surgeons of that institution the same perfection and permanence of results.

The builders of John Hopkins' Hospital, says the *Medical Register*, managed to spend over two million dollars in the construction of a hospital to accommodate one hundred and twenty patients. How good John Hopkins would feel could he but rise from his grave and gaze on the baths of Parian marble, onyx ceilings, gilded walls, and cuspidores of solid gold.

The *Archives of Pediatrics* gives the following treatment for infantile diarrhea:—
1. Withdraw all milk for from twenty-four to thirty six hours. 2. Regulate the quantity and quality of food, and the frequency of giving it. 3. Give plenty of cold water. 4. Give medicines of an antiseptic and astringent character and stimulants as needed. 5. Wash out the colon two or three times a day.

Dr. W. D. Gentry (*Jour. of Obs.*) declares that the most successful treatment of subinvolution of the uterus is eleterium. He states that he conceived the idea of using eleterium in this troublesome affection after reading Cowperthwait's analysis of the drug. The latter gentleman called attention to the fact that eleterium "acts powerfully upon mucous surfaces, causing an enormous flow of watery serum from the first mucous membrane that absorbs it." It naturally occurred to Dr. Gentry that the drug ought then to remove engorgements of the uterus. Dr. G. uses the remedy as follows: Tr. eleterium, one part; glycerine, nine parts. After saturating a large pledget of absorbent cotton with pure glycerine, drop twenty minims of the eleterium and glycerine mixture on the wool, and incorporate thoroughly by manipulation. Place the pledget against the os uteri.

And now the treatment of diphtheria is to degenerate into a simple stewing of the membrane. Witness this from the *Med. Record*: "Before resorting to this method (tracheotomy), however, it was determined to try boiling water, to which sulphurous acid was added, as a gargle. In a few hours the patient showed signs of improvement, and in the course of the next day the membrane had almost entirely disappeared. The treatment of all the cases consisted in iron and chloride of potash internally, and dilute sulphurous acid (1.6 cc. to boiling water 128 cc.) as a gargle, every thirty minutes to every hour."

Practical Medicine.

BY THEODORE POTTER, A. M., M. D.

Lecturer and Demonstrator in Bacteriology, Medical College of Indiana.

Cold Bath Treatment of Typhoid Fever.

1. By means of the bath treatment, systematically employed, the hospital death rate of typhoid may be greatly reduced.

2. The reduction should amount to fifty per cent. on the previous death rate; and that the percentage mortality to admissions should not be over eight per cent. (always supposing the term *typhoid* to be used in its second degree of extension).

3. This result may be obtained in spite of the fact that many of the cases are unsuited to the treatment; and that much more might be expected in appropriate cases only.

4. The success is in proportion as the treatment is begun early in the disease.

5. As evidenced by the undiminished occurrence of perforation and hemorrhage, and by the fact that early admission has failed to render them less frequent, the treatment has no influence on the depth of the ulceration.

6. Since a constant percentage (about $4\frac{1}{2}$) of the cases admitted die from these accidents, no reduction in the general mortality much below five per cent. can be expected from the treatment, even were it possible to ensure every case being admitted under the most favorable circumstances.

7. As the result of the different liability of the sexes to these accidents, the prognosis under the bath treatment is vastly more fa-

vorable in females than in males. For instance, in any two given cases, *cæteris paribus* and without reference to the date of fever on admission, the danger to life is but little more than half in the case of the former; while if both are admitted during the first week of the fever, this is reduced to one-quarter.

8. On the whole the lethal influence of the intestinal lesion is diminished; that the treatment effects this (a) directly, by moderating diarrhea, and (b) indirectly, by sustaining the powers of the patient, and thereby enabling him to recover from the effects of the hemorrhage and other not necessarily fatal intestinal conditions.

9. The vast bulk of the reduction in mortality is due to the prevention of those complications and modes of death which, being more or less common to the febrile state, however induced, have been termed pyrexial. Thus (a) fatal pneumonia has been less than one-fourth as frequent, this being chiefly due to the rarity of the bronchial form; (b) brain complications have been less fatal, and brain symptoms (delirium, stupor, etc.), enormously reduced in frequency; while (c) it is no exaggeration to say that simple cardiac failure would have been practically expunged from the list had all the cases admitted come under treatment during the first week of the disease.

This last conclusion (9) embodies the central truth brought out by the inquiry. For those who are inclined to withhold their assent from it, only one loophole, so far as I can see, remains open—and that is a doubt as to the good faith of the statistician. To meet this to some extent, the original documents which constitute the data of the inquiry have been preserved at the Brisbane Hospital, where they may be examined by any member of the profession who is sufficiently interested in the subject. They include (1) Most of the charts of the cases in the expectant period. (2) All the charts (with three or four exceptions) in the bath period, with a brief account of the main features in each case, the number and duration of the baths, and their effect on temperature and pulse, and other special therapeutic measures. (3) Post-mortem record, consisting of notes made at the autopsy on 117 of the fatal cases; eighty-seven are from the bath period; no examination being made in the other five. Thirty are from the expectant period. Although post-mortem examinations were only

omitted in about seven of the eighty five fatal cases that occurred in this period, unfortunately the record of the earlier ones was not preserved.—*F. E. Hare, the Practitioner.*

The Pyrexia of Phthisis.

A natural question arises here: Is it advisable to reduce the pyrexia of phthisis at all? We do not thereby stop the tuberculous process; and as regards the wasting, I have shown elsewhere that pyrexia in phthisis is compatible with gain of weight, provided the diet be of a sufficiently abundant and nutritive character. In most cases the reduction of temperature is attended with a certain degree of comfort to the patient. But even to this statement there are exceptions, for occasionally patients, when the pyrexia is reduced by antifebrin or antipyrin, experience such uncomfortable sensations—chiefly of oppression—that they prefer the high fever to the effect of the antipyretic.

Two agencies which sometimes prove powerful antipyretics must be mentioned. One is confinement to bed. This I have seen by itself reduce temperature to the extent of 2° or 3° F. The other is sleep, which will reduce temperature 2° and more at a time without any medicines.

My conclusions as to the treatment of pyrexia in phthisis are:

1. The pyrexia due to tuberculization is best dealt with by derivative measures, such as counter-irritation, salines promoting secretion from other organs, and assisting expectoration.

2. That in the treatment of the pyrexia accompanying softening and excavation, measures which hasten these processes are found to be most successful, especially if combined with antiperiodics, such as quinine, salicin, salicylate of sodium, to moderate the fever.

3. That the use of medicines solely directed to lowering the temperature of the body without promoting increase in the natural secretions is generally inadvisable.

4. That our object in the treatment of phthisical pyrexia should be, not the reduction at all hazards of the temperature, but its lowering to the limits compatible with the comfort and well-being of the patients, and for this end that much may be done, in addition to the discriminating use of medicines, by the simple means of frequent food combined with stimulants and rest in bed.—*Brit. Med. Jour.; Times and Reg.*

Hematozoa of Malaria.

Laveran (*Journal des Connaissances Médicales*) gives a very clear account of his methods of examination of the blood in cases of malaria. He points out that such examination is exceedingly necessary in hot countries, where typhoid fever or sunstroke may be mistaken for malaria, or *vice versa*. An examination of the blood always puts the matter beyond doubt. He recommends that the examination should be made just at the beginning of a febrile attack, and before quinine has been administered, as during the period of apyrexia the organisms are seldom found in the peripheral circulation, but appear to be collected in the internal organs, and especially in the spleen. For the examination of the fresh blood, the skin should be cleansed with soap and water, rinsed with alcohol and carefully dried, then, everything being ready, the finger is pricked with a pin that has been heated to redness, and allowed to cool, the little round globule of blood that appears is touched with a clean slide; a cover glass is lowered down to the blood, which is pressed out until the film assumes a transparent yellow color; the film is then not too thick, and should be examined at once. The clot that is formed at the margin prevents the drying of the film; but, in order to keep the film thin, it is better to wipe away the blood that is pressed from under the cover glass, and then to surround with paraffin. Daylight and no sub stage condenser should be used for examination, or the organisms are rendered too transparent. The movements of the flagella and the amoeboid movements can all be made out. If the organisms are pigmented they are readily enough seen, but a most careful search may have to be made for those non-pigmented organisms that sometimes adhere to the red blood corpuscles. If the specimen is to be preserved for further examination the film should be prepared by compressing between two cover glasses, which are carefully separated, allowed to dry, and passed two or three times through a clear flame; each film is mounted unstained and dry, with a paraffin rim to keep out the air, and to retain the cover glasses in position. When it is wished to stain the organisms in order to bring them into special prominence, the films, after being heated on the cover glass, are put into a mixture of alcohol and ether; they are then allowed to dry, after which they are stained with a concentrated aqueous solution of methylene blue for thirty

seconds; they are then rinsed in water and mounted dry, the cover glass being surrounded with paraffin. The leucocytes are colored deep blue, the free spherical organisms and those adhering to the red blood corpuscles pale blue, whilst other forms are scarcely tinged. A contrast stain may be obtained by using eosin. With these stained preparations artificial light may of course be used. In all cases where possible both methods of preparation should be resorted to, as each has its advantages.—*Brit. Med. Jour.*

Electricity as a Diagnostic Agent.

Muscular contractions are produced by a galvanic current only where the circuit is opened and closed, and in health the muscles supplied by the symmetrical nerves of the two sides of the body are excited to contraction by the same strength of current. The cathode has greater excitant power than the anode, and causing contractions chiefly on closing the circuit, while the anode causes contractions chiefly on opening the circuit. The weakest current which will cause a contraction of a healthy muscle is a cathodal closing contraction; with the same current-strength, no contraction can be effected by the anode. A stronger current increases the vigor of the cathodal closing contraction, but produces no contraction on opening; with the same current-strength, the anode causes slight contractions, both on opening and closing. When the current is still further increased, a tetanic contraction occurs on cathodal closing and a slight cathodal opening contraction is produced; with the same current-strength, decided opening and closing anodal contractions occur. The larger and coarser the fibers of a muscle, the more powerful a galvanic current must be employed to produce contraction.

The contractions produced by a galvanic current applied to a healthy muscle, are not as vigorous as those produced by the faradic current, but when a muscle is deprived of its nerve influence, leaving the fibers healthy, the faradic current will produce no response, while the galvanic current produces stronger contractions when in the normal state.

Immediately after a muscle has been injured to such an extent as to destroy a portion of a motor, or a mixed nerve, it first ceases to respond to the faradic current, then follows a period when it will respond only to a slowly interrupted galvanic current, and

finally it will cease to react to any form of electrical stimulation. Loss of response to the faradic current applied to muscles indicates changes in the intra muscular nerves without necessary alteration of the fibers themselves, whilst failure to obtain a response to the galvanic current shows a modification or destruction of the muscular fibers.

In cases of paralysis where the electrical reaction remains normal, disease of the brain or white columns of the cord is usually indicated, while abnormal electrical reaction points to disease either of the gray matter of the cord, or the peripheral nerves.—*Pac. Med. Jour.; Clinique.*

Myxedema and Exophthalmic Goitre.

At the Edinburgh Medico Chirurgical Society, Dr. Bramwell read a paper entitled The Symptoms of Myxedema and Exophthalmic Goitre Contrasted. In both of these affections the thyroid gland was affected. In the former it was atrophied and its functions diminished, while in the latter it became hypertrophied and its functions increased. In myxedema the symptoms came on in a slow and insidious way, generally late in life, and usually in married woman; in exophthalmos they often set in suddenly, as after a fright, earlier in life, and in unmarried, or if married, sterile women. The temperature in myxedema was subnormal, and patients felt cold, the skin was dry and harsh, and its electrical resistance increased; in exophthalmos, the temperature was subject to elevations, the skin soft and moist, and its electrical resistance diminished. Constipation and amenorrhea were usually present in the former affection, while in the latter diarrhea and menorrhagia were frequently met with. Nervousness was not present in myxedema, but was a constant symptom in exophthalmos. Myxedema was said to be the result of degeneration of the thyroid gland, and might be secondary to some nerve lesion. In cases where the thyroid became atrophied or its functions diminished, or where it had been extirpated, these symptoms of myxedema appeared. The symptoms of exophthalmos, on the other hand, were the result of excessive activity of the function of the thyroid, or might be due to perverted function of the gland. The pathology of exophthalmos was obscure, but the primary cause was apparently nervous, and due to some derangement of nerve centers.—*Times and Reg.*

Non-Medicinal Treatment of Typhoid Fever.

In a practical review of the therapeutic methods now in vogue in this fatal disease, Dr. J. C. Wilson, one of the ablest students of fever in this country, furnishes the results in sixty-four cases treated at the German Hospital of Philadelphia since February 1st, 1890, by himself and Drs. Trau and Wolff, by the cold bath according to Brand, without a death. He meets the objection against this method as follows:

1. The statistics are questioned. This can no longer be sustained. A large number of independent observers have fully confirmed the general results obtained by Brand.

2. It is asserted, *a priori*, that the typhoid of this country is not sufficiently severe to demand so radical a treatment. The statistics which I have presented sufficiently disprove this statement. Furthermore, it must be insisted upon that it is impossible to foresee the severity of any particular case at the outset of its course. The treatment by the method of Brand tends to make every case a curable one.

3. Another *a priori* objection is that patients in this country do not bear cold bathing as well as the French and Germans. It is a matter of surprise that this can be seriously urged as an objection to a treatment incontrovertibly shown to be as efficient as the one under discussion. Furthermore, our experience in the German Hospital of Philadelphia does not bear this objection out. It is true that certain cases do not react very promptly, and that women react less promptly and less satisfactorily than men. In no case in my series, however, did the delay in reaction after the patient was put to bed cause the slightest apprehension on the part of the attendants.

4. It is inconvenient, and demands an amount of experience and labor on the part of the attendants not easily to be had in private practice and in some public institutions. Objections of this nature can not well stand against the lowered rate of mortality.

Finally, the opposition of the patients themselves and of their friends may be urged as an obstacle to any attempt on the part of medical men to introduce the treatment into private practice. This is no real objection; it is a mere difficulty that will vanish so soon as the profession generally recognizes in the method an efficient means of saving many lives, and lends its weight to the advocacy of

the plan among the people. These remarks are intended to contribute to that desirable end.—*Med. News; Dietetic Gazette.*

The Galvanic Current as a Laxative.

Dr. John V. Shoemaker (*Jour. Am. Med. Ass.*) relates a discovery to the effect that a galvanic current, appropriately applied, serves as a laxative, and suggests that it may be found of paramount value in chronic constipation, thus affording another means of avoiding the use of purgative and laxative drugs, often objectionable and unsatisfactory. While treating the prostate with the galvanic current—cathode in the rectum, anode over the perineum—he accidentally discovered that the application for about two minutes of a mild current produced a desire to go to stool. He says that the strength of the current should be about one milliamperé, so that the patient will feel at first as if there was no current at all passing.

In the course of fifteen or twenty seconds, the rectal electrode will begin to warm to the point of painless tolerance.

In about two minutes the average patient can generally be affected to the degree of securing an easy passage.

The current, he says, seems to act both by stimulating the discharge of the rectal mucous membrane, and by dilating the sphincter ani; for, if the positive pole at the perineum is quickly removed, the sphincter forcibly contracts; reversing the pole gives no such result; just the opposite, for, at the moment of applying the negative pole to the perineum, the sphincter ani contracts, remaining quiescent on removal.—*Clinique.*

Treatment of Paralysis.

In certain peripheric paralyses in which faradism fails, galvanism, probably, in consequence of its uninterrupted duration, produces effects which can not be brought about by the necessarily rapidly-interrupted faradic current. When a muscle has lost all power of responding to the stimulus of a faradic current, in many cases its sensitiveness may be restored by the application of a tolerably strong galvanic current. Galvanism not only acts as a powerful stimulant to the nerves and muscles, when interrupted, but during the time it is passing without interruption it produces a marked alteration in nutrition. When paralyzed muscles exhibit the reac-

tion of degeneration, they are more sensitive to galvanism than to faradism, therefore the former should be selected to improve their nutrition. With this exception faradism is a more powerful agent in the direct treatment of paralyzed muscles than galvanism. When the muscles can not be made to contract by the faradic, galvanic or franklinic current, it is useless to treat them with electricity.—*Pac. Med. Jour.; Clinique.*

The Mechanical Treatment of Gastric and Intestinal Diseases.

Dr. Josef Sumegi states that in chronic constipation our main reliance in treatment should be massage of the relaxed portions of intestine. In addition to this he recommends gymnastic exercise, movements of flexion and extension at the knee, rotary movements of the trunk, and tapotement or light beating over the pelvic region. The treatment by this method is kept up for two or three months, and if necessary is repeated. Attention also should be paid to the diet. Massage is best performed in the morning, half an hour to an hour after breakfast, or four or five hours after dinner.—*Weekly Med. Review.*

Obstetrics and Gynecology.

Gynecological and Obstetrical Society of Baltimore, Md.

MARCH MEETING.

The President, Dr. Henry M. Wilson, in the chair.

REPORTED BY WM. S. GARDNER, M. D., SECRETARY.

Dr. Howard A. Kelley read a paper on the technique of the Cæsarean section, described in a series of steps, from the selection of the case down to the after-treatment. The relative and absolute indications were described. The Porro operation was rejected, excepting under special peculiar circumstances; for example, when there was good reason to suspect septic infection, as after prolonged efforts at delivery, at turning, or the use of the forceps, also in cases of large tumors occupying the body of the uterus, or in some cases of cancer or in uncontrollable hemorrhage from the placental site. Thus limited, the conservative operation and the Porro operation are mutually exclusive, not occupying the same field,

It is a serious surgical error to mutilate a woman by performing the Porro operation where special indications do not exist.

The mortality of the Porro operation is fully as great if not greater than that of the conservative.

In a healthy case, free from sepsis, with unruptured membranes, it is not necessary to deliver the uterus from the abdomen before incising it and delivering the child. It is rarely necessary to use any constricting ligature around the cervical end of the uterus. Excessive hemorrhage from the placental site or the margin of the wound can very well be temporarily controlled by constricting the cervix with the hands of an assistant.

The uterine suture consists of deep sutures, embracing the peritoneum and muscularis, but not the decidua. About ten such sutures are needed. Between each of these deep sutures, half deep sutures can be placed, securing perfect coaptation of the peritoneal surfaces. The sero-serous sutures are not necessary in cases free from any suspicion of infection. In such clean cases, the uterus is dropped back into the abdomen and covered with the omentum. If there exists a slight suspicion, it is of advantage to draw the omentum down behind the uterus, thus favoring the discharge of any septic material through the lower angle of the wound.

Drainage of the pelvic cavity can not be efficiently carried out. The abdominal wound must be concealed by a dressing made of snowy cotton dissolved in alcohol and ether, containing one part bichloride to 16,000. A little strip of gauze is laid over the wound saturated with this solution. This adheres until it is time to take the sutures out, concealing the wound, and preventing contamination from the outside much better than many layers of gauze and cotton. The baby should be allowed to nurse as soon as the mother has thoroughly recovered from the anesthetic.

The vagina should not be douched out as a matter of routine. The vaginal outlet should be secured from the introduction of sepsis from without, and throwing into the vulvar orifice a drachm of powdered iodoform and boric acid (1 to 7). A cotton pad, loosely applied to the vulva, should be changed as often as soiled by the discharges. The patient thus passes through a perfectly normal puerperium.

Dr. C. P. Noble: In the technique of the operation laid down by Dr. Kelley, reference

has been made to typical cases. In such cases I agree entirely with what he has said. But all cases are not typical. I will report an unique case upon which I did the Cæsarean section lately.

Dr. Kelley had operated in a previous pregnancy. As a result of the first operation there remained a fistula opening from the uterine cavity through the abdominal wall. Notwithstanding this fistula she became pregnant, and for several weeks the amniotic bag protruded into the opening, so that there was nothing between the fetus and the outer world but the thin amniotic sac.

This sac ruptured at the thirty-third week. The woman had a generally contracted pelvis; besides having a large mass of tissue behind the pelvis, left from her previous Cæsarean labor. Had spontaneous labor been possible, the fetus would have escaped through the fistula and not *per vaginam*. In view of the conditions I thought Cæsarean section preferable to delivering a mutilated fetus *per vias naturales*.

The finger was inserted into the uterus through the fistula, and with this as a guide the incision was made through the region of utero-abdominal. Sufficient room not being afforded for delivery, the peritoneal cavity was opened and the uterine incision lengthened. The living fetus was then delivered. The placenta and membranes were firmly adherent, and were slowly peeled off. To control bleeding during this time, it was necessary to insert the uterus through the abdominal incision, to enable the assistant to grasp the lower segment.

The patient passed through a perfectly normal puerperium, and is now quite well and soundly healed.

This case is entirely unique in its conditions and in the technique of the operation.

Three cases of Cæsarean section have been observed by me, all having made good recoveries. When the operation is done at the proper time, and after the method described by Dr. Kelley, I am sure this result will be quite uniform.

The essentials of success are:

1. Operation at the proper time, before labor, or at the beginning of labor;
2. Rapidity in operating;
3. Accurate suturing; and
4. Asepsis.

With reference to suturing, I believe that the Lembert suture, as ordinarily described, is purely theoretical. The peritoneum will not hold a suture. Operators have unconsci-

ously included the deeper tissues in the so-called Lembert suture.

An important point, not generally recognized in this country is, that the diagnosis should be made in the last weeks of pregnancy, and under ordinary circumstances, the operation be decided upon and done at the close of pregnancy, before labor sets in, or immediately thereafter. I would not do the modern Cæsarean section in a case which had been tampered with by efforts to deliver with the forceps or by version; but in such cases would prefer the operation. In Philadelphia, in the last four years, twelve Cæsarean sections have been done, and ten mothers have recovered. One that died had pneumonia at the time of the operation. The other case was one in which the surgeon at the same time removed a fibroid tumor.

Dr. B. B. Browne: I think all the procedures recommended are in the main correct, and are in accordance with the rules and suggestions laid down five or six years ago by Garrigues, Saenger and Leopold; these should be carried out in ideal cases, but unfortunately we meet with many complications which must be dealt with as they occur.

Having recently performed the operation myself, and looked up the literature and technique of the subject, I was surprised to find that we can to day make but little improvement or change for the better. In 1886 Saenger had operated four times, saving all the women and children. Dr. Leopold had operated nine times and lost one woman, saving all the children.

Dr. Ashby: The technique of the section is simple enough, and certainly its mechanical execution is not so difficult as that necessitated in the removal of many conditions of tubal and ovarian disease. Hemorrhage is not large, and it is easily controlled. Septic processes should not follow if strict aseptic precautions are observed. The progress of the section, as a substitute for other methods of delivery, rests upon an early and clear recognition of the pelvic measurements and a prompt acceptance of this method as the proper procedure in the given case. When this is done the success of the section is not compromised by unfortunate interferences in other directions. When we have obtained the statistics of this class of cases, we are in a position to compare the mortality of the section with other operative methods.

Dr. Brinton: I have been for some years interested in measuring the pelves of women.

Very often we go to labor cases without knowing anything about the condition of the pelvis. With the hospital surgeon, who has the best facilities, the Cesarean operation will undoubtedly be the best in cases of extreme pelvic contraction. But with the average practitioner what is best? I think that with these physicians that craniotomy will hold its place. In speaking of craniotomy "holding its place," I referred to those cases of pelvic contraction where the child could be extracted without harm to the mother, say from $1\frac{1}{2}$ to 3 inches.

Dr. Ashby: Of the nine specimens here presented, removed from the same number of cases, no two are alike. In one case the tube has received the brunt of the attack, in another the ovary is involved in abscess cavities, whilst in a third both tube and ovary are tied up in a knot of adhesive inflammation, and so on through the series. The clinical histories of these cases would be exceedingly interesting did time admit of a recital, but I shall not tax your patience with details. We have the same old story in all of these cases, save two—one the large specimen of a tubal sac of uncertain origin, probably an interrupted tubal pregnancy of long standing, and the other the remnants of a catarrhal salpingitis and ovaritis with intra-pelvic adhesions. Of the other seven specimens the origin of the condition is of chief interest in this connection, since they explain to my mind the essential factor in the production of the specimen here presented. Each of these women had borne one or more children; in each case the history of the intra-pelvic trouble dates from the last lying-in period, which was accompanied with mild or severe symptoms of child-bed fever. In each of these women there was an old lacerated cervix; in some more pronounced than in others. The histories of these cases, as far as they can be made out, and can be interpreted, tell the simple story. During labor a cervical tear occurred, in this wound septic material gained a lodgment, a septic process was established, which extended from the cervix to the cavity, from the cavity to the tubes, and from the tubes to the intra-pelvic peritoneum.

The severity of the symptoms in each case must have borne some relation to the septic process and to the tissues involved, though no way is offered for verifying this statement. We simply find the results in general destruction of the tube, or ovary, or of both, and the inference is that drainage had ceased and pus

escaped, leaving no remnants of this character behind, except in two of the specimens, in which I found pus cavities in the ovary, containing each a drachm or more of pus.

These cases illustrate the fearful havoc which a septic process following parturition may occasion among the pelvic organs. A little fire kindleth a mighty conflagration is literally true in more respects than one. In an experience with other cases I have observed this septic process in its very beginning when limited to the cervix and cavity, and I have seen the lying-in woman's temperature fall from 103° to normal within twelve hours after thorough cleaning and disinfection of the cervix and cavity in these cases, and a complete arrest of the process before the tubes were involved. In another case I have seen tubal and general pelvic peritonitis in active force following immediately the infection in the cervix and cavity. This experience convinces me, despite all other theoretical teachings, that we have in the lying-in state an explanation of those intra-pelvic diseases which render the lives of so many women useless and oftentimes utterly miserable. How is it necessary that the lying-in period should be surrounded with extra hazard, high temperature and severe pain. A septic endometritis following parturition may run a very mild and low grade course, and still result in subinvolution, salpingitis, pelvic adhesions, and other intra-pelvic conditions, which impair the normal function of these organs. The lesson clearly taught by such experience is that aseptic conditions should be enforced in every case of labor; that the least suspicion of sepsis should lead to immediate investigation of the uterine cervix and cavity, with a view to thorough cleaning and arrest of the septic process. If this be done, as I have done it in a number of cases even with medical friends in consultation, we can cut short a sepsis and arrest a condition which will surely extend to the tubes and pelvic peritoneum in the absence of prompt attention.

Dr. Browne: The fact that laceration of the cervix is so frequently found in married women suffering from tubal disease is, I think, because the purulent discharge from the uterus passing over the torn surfaces prevents their union, while the septic material also extends to the tubes; when there is no septic material in the uterus the lacerated surfaces readily unite, and the tubes are not affected.

Dr. J. W. Williams: The specimens exhibited represent a class of cases that are very common, and which will become more so as we become more expert in bimanual examination. Indeed, to a skillful palpator it almost seems that the majority of women examined have more or less tubal or ovarian disease. The specimens are particularly interesting to me, because I have studied carefully the pathology of a large number of similar cases.

The etiology in many cases is doubtful, but most observers seem to cling to Noegerath's theory of latent gonorrhea. Examination of the pus in cases of pyosalpinx brings forward most interesting facts. For in most cases it is impossible to discover any species of bacteria, either under the microscope or by culture methods, which shows that the bacteria which caused the trouble have long since died, for closed pus cavities are not particularly favorable for the growth of organisms. In two cases we found undoubted gonococci, and in a case following an imperfect abortion the streptococcus, and in another case the staphylococcus aurem.

Clinically, the cases due to the pus organisms are much more acute and virulent than those due to the gonococcus. These results correspond with those of Zweifel of Leipzig, who has just published his observations. He also found the gono- and streptococcus, but not the staphylococcus. In one of his streptococcus cases the subject was an undoubted virgin, and he accounted for the infection by an abscess following an attack of typhoid fever some years before.

Dr. Ashby speaks of the relation of lacerated cervix to salpingitis, etc. I can not consider it a factor in the production of the disease, and regard it merely as a coincidence. If it were a potent factor in producing the trouble, we should find salpingitis and pelvic adhesions far more frequently than we do now; for we must remember that in most women there is more or less laceration of the cervix during labor. Moreover, this cause is certainly inapplicable to the frequent cases occurring in nulliparous women, and especially in virgins.

A close study of the clinical history of a number of cases inclines me to believe that the majority of cases follow infection during labor or after an incomplete abortion; for in many cases it is impossible to obtain even a history of leucorrhea before the labor, which would apparently exclude gonorrheal infec-

tion. By infection during childbirth, I do not necessarily mean the cases in which we have well marked puerperal fever, but the milder degrees of infection as well; for most of the cases of so-called milk fever are due to infection, and may give rise to serious results.

Zweifel, on the contrary, who has just published a remarkable series—seventy-nine salpingo-oophorectomies, with only one death—believes in the gonorrheal origin of most of the cases. Saenger traces most of the cases in virgins back to a gonorrheal salpingitis during childhood, which had persisted and ultimately affected the Fallopian tubes.

While I do not feel justified in subscribing to this view, I can say that it is quite probable; for lately I have seen a number of cases of undoubted gonorrhea in little girls of from two to seven years of age, in which there was no suspicion of criminal action.

In eight cases of vaginitis in little girls which I have examined, I found gonococci in six of them. In several, the mode of infection was quite clear. In one case the husband acknowledged an attack of gonorrhea, with which he infected his wife during her pregnancy, and each of the children born after it had ophthalmia neonatorum, followed when they were older by gonorrheal vaginitis. In another case, an older brother had gonorrhea, and his two little sisters used his towels for bathing.

These remarks will show that the vaginitis of little children is not of strumous origin, as generally supposed, and that it demands a more active treatment than is generally employed; especially when we consider its possible consequences.

Dr. Brinton: I can corroborate the views of Dr. Williams in regard to the specific origin of vaginitis in children, having recently treated first the father with gonorrhea, later the mother, and within a fortnight from the time the father consulted me was called to see the little daughter, aged four years, with a severe vaginitis, which yielded to the usual treatment in about the usual time. My experience has been that if a child is found with a vaginitis, close investigation will show that some older member of the family has either a urethral or vaginal discharge.

Dr. Noble: Dr. Ashby has brought up so many points, that it is difficult to know just what to take up. It is now the fashion to call all unilateral collections of blood extrauterine pregnancies. But I have recently had a case that proved not to be a pregnancy.

With reference to the uterine hemorrhage coming from the tubes, we do know as a fact that it is possible for blood to come from the tubes. This was common to all in the days when the stump was treated by the extra-peritoneal method in doing ovariectomy. I am quite sure that gonorrhea has been the cause of most of the cases of pyosalpinx that I have seen; and I think that the cause of salpingitis in young women is often but a simple infection. Many cases of dysmenorrhea in young women are due to salpingitis. In such cases it is unnecessary to question their chastity. I agree with all the speakers in reference to the relation of lacerated cervix to salpingitis. Where there is a laceration there is frequently an endometritis, and there is no reason to think that it may not follow out into the tube. I believe firmly in the great value of the drainage-tube, and use it in almost every case. When properly cared for it is practically free from objection, while being of most positive advantage in allowing the escape of serum and blood.

Dr. Wilson: I did an exploratory laparotomy for a fibro-cystic tumor. In manipulation I found great tendency to bleeding, and as I could not get at the ovaries nor remove the tumor without causing death, I closed the abdomen. She got on well for fourteen hours, when she became very feeble, heart and respiration very weak. She was put upon digitalis and muriate of quinine and urea, but it did no good. The heart became so weak that the pulse could not be felt. I then began with five minims of tincture of strophanthus every three hours, and ether twenty-five minims, hypodermically, every three hours. The pulse became stronger, 125 to the minute, and she felt better. The next day she became unconscious, pupils dilated, face flushed, pulse 120, temperature normal. The medicine was withdrawn, but she remained in this condition about twenty-four hours. To-day she is better, consciousness returning, pupils contracting. I have had no experience with the poisonous effects of strophanthus.

Laceration of the Cervix.

In a valuable paper on the Immediate Repair of Lacerations of the Cervix, by Charles C. Barrows (*N. Y. Med. Jour.*), the author reaches the following conclusions: 1. Under certain conditions lacerations of the cervix uteri are unavoidable. 2. Where they occur

to any extent they should be repaired at once. 3. This can be done easily without risk to the patient, and with every prospect for successful result. The objects aimed at by this procedure are:

1. To prevent hemorrhage from the torn surfaces, but more particularly from the cavity of the uterus, by insuring complete and permanent contraction of the organ.
2. To prevent puerperal pelvic cellulitis, endometritis, salpingitis, oophoritis, peritonitis, and their complications and sequellæ.
3. To restore the cervix to its normal condition, and prevent the development of the conditions dependent on the formation of cicatricial tissue at the site of the laceration.
4. To promote involution and prevent the evils dependent on subinvolution.
5. To remove at once a common source of septic infection.

Reviews and Book Notices.

Materia Medica and Therapeutics—With Especial Reference to the Clinical Application of Drugs. By John V. Shoemaker, A. M., M. D., Professor of Materia Medica, Pharmacology, Therapeutics and Clinical Medicine, and Clinical Professor of Diseases of the Skin in the Medico-Chirurgical College of Philadelphia, etc. Being the second and last volume of a Treatise on Materia Medica, Pharmacology and Therapeutics—an independent volume on drugs. Philadelphia: F. A. Davis.

The first volume received our unqualified endorsement, and we have given the second volume a heartier reception. It is a complete discourse upon the pharmacological, physiological and therapeutical action of the drugs now used in medicine.

The new remedies have been given especial consideration, as well as a brief description of many substances not in frequent use by the profession. Evidently it would seem that the author had exhausted all resources to furnish the student of medicine a work that can be easily understood, and is the nucleus of an encyclopedia of this department of medicine. This work should receive the universal endorsement of the profession.

The Daughter—Her Health, Education and Wedlock. Homely Suggestions for Mothers and Daughters. By W. M. Copp, M. D. Cloth, illuminated cover, neatly printed, 144 pages. Price, \$1.00, net.

This work treats, in chaste and scientific language, of three important things relating to Childhood, Maidenhood, Wifehood and Motherhood, which young ladies, young wives and young mothers ought to know, and yet find it difficult to acquire from the ponderous tomes sometimes accessible to them. So much trash has been published with an eye to large sales rather than to the imparting of wisdom, that we gladly commend this little volume to the great class who need it, and suggest that physicians commend it to parents and daughters who ask their advice upon the subject.

Practical Notes on Urinary Analysis. By W. B. Canfield, A. M., M. D., Chief of Chest Clinic and Lecturer on Clinical Medicine, University of Maryland, etc. Physician's Leisure Library. Cloth, 50 cents; paper, 25 cents. Detroit: George S. Davis.

This little volume contains everything of special interest to the general practitioner on this important subject. The author says of his subject—"The science of urinary analysis has been carried to such a refinement, that an expert chemist alone is able to master it in all its detail. The busy practitioner has no time to search through manuals and make elaborate tests."

Practical Points in the Management of Some of the Diseases of Children. By I. N. Love, M. D., Professor of Diseases of Children, Clinical Medicine and Hygiene, Marion-Sims College of Medicine, St. Louis, Mo. Detroit: George S. Davis. 1891.

This little work contains practical instruction, not only in the treatment of the diseases of children, but also the salient points in the government of the case from its incipiency. The subject matter is presented in a manner characteristic of Dr. Love, which insures a valuable and interesting treatise.

Wood's Medical and Surgical Monographs. Volume X, No. 1. April, 1891. New York: William Wood & Co. Price, \$10.00 a year; single copies, \$1.00.

This series of monographs, since the beginning, have struck a popular vein with the medical profession, and the number for April is not an exception to the rule. The contents are:—Treatment of Syphilis of the Nervous System, by Julius Althaus, M. D., of London; Railway Injuries, with special reference to those of the Back and Nervous System, in the Medico-Legal and Clinical Aspects, by Herbert N. Page, M. A., England; Causes and Prevention of Phthisis, by Arthur Ransome, M. D. The information given in the text is abreast of the times, and treated in an entertaining manner. This monograph is one of especial interest.

Medical Symbolism, in connection with Historical Studies in the Arts of Healing and Hygiene. By Thomas S. Sozinsky, M. D., Ph. D., author of *The Culture of Beauty, The Care and Culture of Children*, etc. Cloth, 12mo., 171 pp.; price, \$1.00. Philadelphia and London: F. A. Davis.

This last literary effort, giving evidence of great research, was completed just before Dr. Sozinsky's death. The work will be entertaining to those of the profession and to other scientists who are not too much engrossed in utilitarian studies.

Origin, Purpose and Destiny of Man; or, Philosophy of the Three Ethers. By William Thornton. Boston: Published by the Author.

This is a little cloth-bound volume of one hundred pages, containing an introduction and five chapters, as follows:

1. Philosophy of the Three Ethers; 2. How to make Medicine a Science; 3. Germ Theory of Disease; 4. The Transmission Theory of Disease; 5. Immortality.

The basis of the reasoning is found in the following definitions:—"Life I call the first ether, which is a continuous aggregate. The second ether I call a composition of the po-

tentialities—heat, light, electricit and mag-y netism. . . . The third ether is a material nucleus, which permits of the action of the other two."

The ancients placed the earth upon the shoulders of Atlas for support; of course it was Atlas' business to find something on which to stand. Our author is doing very much as the ancients. We do not find much in the subject matter which would suggest the title of the work, or in any way elucidate the origin, purpose and destiny of man.

The Shurly-Gibbes Formula for Pulmonary Consumption.

There are numerous formulæ which investigators, inspired by Koch's discoveries, have recently tested the virtue of in pulmonary consumption. Among these it may now be judiciously claimed that the utility of several, which at first proved promising, has failed to be demonstrated by experiment. The following should be regarded as still *sub judice*: Koch's Tuberculin, Liebreich's Cantharidin-ate of Potash, the transfusion of the arterial blood of the goat into the veins of the tuberculous patient as suggested by Dr. Bernheim, the injection of the serum of dog's blood as suggested by MM. Hericourt and Richet, the subcutaneous administration of manganese and gold commended by Prof. J. B. White, Dr. Roussel's treatment by the injection of aromatic vegetable essences or perfumes; all of these have been tried, and the verdict at present is that they have been found wanting in the anticipated specific therapeutic effect. The most promising method is now considered to be the injection of chemically pure iodine and chloride of gold and sodium, in connection with the inhalation of chlorine gas, as commended by Dr. E. L. Shurly, Professor of Clinical Medicine and Laryngology, Detroit College of Medicine, and Dr. Heneage Gibbes, Professor of Pathology, University of Michigan. It is vitally essential to the proper employment of these agents that the necessary solutions should be absolutely pure and of uniform quality. Messrs. Parke, Davis & Co. announce that, at the request of Dr. Shurly, they have prepared solutions of chemically pure iodine and chloride of gold and sodium, which are put up in one ounce bottles, and will furnish physicians with clinical reports embracing the method of using these remedies.

Summer Disturbances of Children.

Dr. D. J. Roberts (*Southern Practitioner*) says:—In fermentative disorders of the alimentary canal in the young, middle-aged or old, Listerine has given most satisfactory results. In the summer diarrhea of children, Dr. I. N. Love, St. Louis, speaks very highly of it, given in combination with glycerin and simple syrup. A formula that I have, time and again, used—in fact, it has almost become routine with me of late years—is as follows:

R. Bismuth sub. nit. half a drachm.
Tr. opii twenty drops.
Syr. ipecac.
Syr. rhei arom aa two drachms.
Listerine half an ounce.
Mist. creta one ounce.

M. Sig.—A teaspoonful as often as necessary, but not more frequently than every three or four hours. This for children about ten or twelve months old.

Special Notices.

The Indiana Medical Journal for 1891.

JOURNAL, one year, \$1.00; JOURNAL and an excellent Clinical Thermometer, \$2.00.

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JOURNAL, one year, and Hypodermic Syringe and Thermometer, \$4.00.

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If twenty-five cents extra is sent with the order, I will be responsible for the safe delivery of the instruments.

Remit by postal note, post-office order, or express order. Do not send local checks.

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19 West Ohio Street, Indianapolis.

The Home-Maker and Indiana Medical Journal, One Year, for Two Dollars.

The Home-Maker, published at 22 East Fourteenth street, New York, is an illustrated monthly household magazine, conducted by "Jennie June" (Mrs. J. C. Croly), and a distinguished and able corps of collaborateurs. The journal of all the women's clubs in America. Contains choicest fiction, latest fashion, household work, how to do it; social usages, in the kitchen, poetry, correspondence, cooking receipts, home work for home-

makers, art instruction, photography, women's clubs, club gossip, and record of their proceedings.

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Celerina.

Dr. N. A. Sackett, of Ewing, Neb., says:—I have tested *Celerina* in two cases of nervous headache. One case was a man of about thirty-five years of age, who has been subject to attack, for a number of years as often as every two weeks. I prescribed an ounce in two ounces of port wine, to take a teaspoonful four times a day. He has not had an attack since, although two months have elapsed. The other was a lady of about the same age, who has had similar attacks for the last five years. She has had no recurrence of the trouble since, and moreover she has passed two monthly periods without the usual dysmenorrhea, with which she is afflicted at that period. I shall continue to prescribe it in cases in which it is indicated, and will report more fully in future.

SANDER & SONS' Eucalypti Extract—(EUCALYPTOL).—Whenever mention is made of "Oil of Eucalyptus," we beg you to bear in mind that such reference applies to our preparation, styled for distinction "Eucalypti Extract (Eucalyptol)," there being manufactured besides our preparation, the wholesale price of which is eight dollars per dozen ounce bottles, no oil exclusively produced from the leaves. Other oils of Eucalyptus found in the market—worth about ten cents an ounce—are common terebinthinous products of no medicinal value. A test will at once convince; the difference is too striking, and allows of no mistake. To avoid disappointment we would suggest to specify when prescribing our manufacture. Samples *gratis* through Dr. Sander, Dillon, Iowa. Meyer Bros. Drug Co., St. Louis, Mo., Sole Agents.

Elixir of Three Chlorides.

Dr. H. Z. Landis, Memphis, Tenn., writes: The Three Chloride Elixir has recently stood me well in two cases of phthisis pulmonalis, and one of cough after "grippe."

Antikamnia.

Dr. A. W. Trevitt, Wassau, Wis., says:—I have found this remedy to be a splendid analgesic in neuralgia, having seen cases of neuralgia of the face and teeth relieved in a very short time. There is no remedy that I prescribe in many cases of neuralgia and headache, with a greater feeling of certainty than I do Antikamnia. Another reason for liking this remedy is, that I have never seen any toxic effects from it, as we get from the continued use of morphine and chloral.

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